Gender-role beliefs and the self-perception of women with learning disabilities: meanings of motherhood and attributions for childlessness

Thesis

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GENDER-ROLE BELIEFS AND THE SELF-PERCEPTION OF WOMEN WITH LEARNING DISABILITIES: MEANINGS OF MOTHERHOOD AND ATTRIBUTIONS FOR CHILDLESSNESS.

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ABSTRACT

Aims of present study

In contrast to mainstream literature gender as a frame of reference has not been applied to people with learning disabilities. The present study emerged from the need to redress this imbalance. Specifically, the study aimed to investigate both gender-attitudes and gender-typing of the self in women with learning disabilities. A further aim was to focus on one traditional female role in some detail: women's perceptions about motherhood and beliefs/experiences of childlessness.

Design and measures

The study is cross-sectional and employs a within and between groups design. Both quantitative and qualitative research paradigms were used. Part one of the study consisted of the administration of a gender inventory (OAT-PM/AM) to eighteen women with learning disabilities. A control group of eighteen non-disabled women also completed the inventory. Part two involved semi-structured interviews with six women with learning disabilities on issues relating to motherhood and childlessness.

Results

Results demonstrated some significant differences between the groups of women using the gender measure (OAT-PM/AM). Qualitative data obtained from the interviews were analysed using Interpretative Phenomenological Analysis (Smith, 1995).

Conclusions

Women with learning disabilities were found to hold less flexible gender attitudes than the non-disabled women. Furthermore, they were found to aspire to traditional female

roles more than masculine roles. Interestingly, women with learning disabilities were found to engage in less traditional female activities than the non-disabled group. Data from the interviews served to highlight the distress which may be experienced by the loss of the motherhood role. Both clinical and service implications which emerged from the research are discussed.

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CHAPTER 1 : INTRODUCTION

1.1 Outline

An overview of gender terminology and theories of gender development is provided. Extant gender research and links between gender and mental health are then briefly discussed. The main body of the introduction focuses on the absence of a 'gendered' perspective in the field of learning disabilities. Finally, the potential consequences of gender-blindness are considered.

1.2 What is gender?

The term 'gender' is poorly defined within the psychological literature and its relationship with other gender related terminology is unclear. Consequently, the following section will attempt to clarify the meaning of sex and gender, as well as provide a working definition of gender identity.

1.2.1 Sex and gender

The term gender is often used interchangeably with sex, despite clear distinctions between the two. Sex usually refers to the biological characteristics that distinguish males and females (Howard and Hollander, 1997). Most would agree that gender is related to the social behaviours and characteristics associated with biological sex. Bebbington (1996) for example, defined gender as the "overlay of individual behaviour and social ascriptions that define people's identity in relation to sex"(p. 296). There is however, less agreement on what this statement means. Some authors adopt the essentialist perspective on gender, which assumes that biology determines the gendered behaviours and characteristics of males and females. Alternatively, the term 'gender' may be used to refer to culturally determined behaviours and personality characteristics that are

associated with, but not determined by biological sex. This perspective assumes that some mediating process leads individuals to behave in gendered ways.

1.2.2 A working definition of gender identity

At the simplest level, gender identity refers to "one's inner sense of self as female or male" (Howard and Hollander, 1997, p.16). It is thought to form a core aspect of self-identity, and to influence many behaviours specifically relevant to the self (Block and Robbins, 1993).

At a more complex level, gender identity has been defined as "an individual's structured set of gendered personal identities" (Ashmore, 1990, p. 514). 'Personal identities' are affective, cognitive and behavioural links between an individual's self and biological/physical/material factors; interests and abilities; relationships with specific people; social categories and dimensions of affect/behaviour.

1.3 Theories of gender-identity development

Gender is considered to be one of the central dimensions along which individuals organise their perceptions of the world (Bem, 1993). Many theories have addressed the processes by which gender knowledge and behaviour develop, for example those rooted in psychoanalytic theory (e.g Klein, 1932); social learning theory (e.g. Bussy and Bandura, 1992); cognitive developmental theory (e.g. Kohlberg, 1966); gender schema theory (Bem, 1981); and social roles theory (Eagly, 1987).

Ashmore (1990) has levied several criticisms at these major theories. Firstly, it is argued that each theory points to only one, or a small set of causes for gender identity, thus

espousing an overly simplistic perspective. Secondly, Ashmore (1990) rejects the predominant view that gender schemata include all gender-related roles and qualities, and that these apply to both the self and others (e.g. Bem, 1981). Instead, a multi-component view of gender identity is proposed, which suggests that gender should be studied at multiple levels (Ashmore and Del Boca, 1986). In support, Spence (1993) proposes that gender-related phenomena are multi-factorial in nature. From this perspective, consistency would not necessarily be expected in gender-related beliefs or behaviours across different contexts, or between gender beliefs about others and the self. Ashmore and Ogilvie (1989) have devised a model (outlined below) which attempts to incorporate a variety of different causal variables of gender identity.

1.3.1 Contact with culture

The first category of inputs, 'contact with culture,' refers to exposure to societal messages about masculinity and femininity. This set of causal factors roughly corresponds to theories of gender identity development that stress socialisation, social roles and culture. Eagly's (1987) gender-role theory states that people have a role in society based solely on gender. Social roles are structural and the social behaviours for which gender differences are evident are embedded in social roles. Therefore, explicit skills and attitudes are learned through enactment of specific roles (i.e. a teenage girl who baby-sits learns nurturing skills). Bem's (1985) gender-schema theory proposes firstly that gender lenses are embedded in cultural discourse; secondly, that children in gender-polarising societies internalise the lens of gender polarisation and thereby become gender polarising (schematic) themselves. Thirdly, Bem proposes that once these gender lenses have been internalised, they predispose the child, and later the adult, to construct an identity that is consistent with them. Ashmore (1990) criticises this class of inputs on the

grounds that they have over-estimated the homogeneity of mainstream culture, and perceive individuals to be overly passive 'consumers of culture.'

1.3.2 Relationships with specific men and women

The category of 'relationships with specific men and women' suggests that people learn about sex and gender by watching people around them and by forming relationships with these individuals. This grouping roughly corresponds to psychoanalytic formulations, especially object relations theory (e.g. Chodorow, 1978), and modelling components of social learning theories (e.g. Bandura, 1977). Chodorow's (1978) theory of mother-infant relations asserts that mothers are more likely to relate to their sons as separate from themselves, and to their daughters as close to, and like, themselves. Consequently, boys develop a self that "denies relatedness" and girls develop a "self-in relation" (Chodorow, 1989). Social learning theory emphasises the roles of reinforcement, modelling, imitation and identification to explain gender learning (Bandura, 1977).

1.3.3 Self-guided activities

The third class of factors contributing to gendered identities, is 'self-guided activities.' This simply refers to the important role that "doing" can play in creating gendered selves. For example, children's self-guided activities are often done with tools supplied by adults, in environments shaped by adults. Thus, boys are more often given heavy toy trucks to play with, whilst girls are more likely to be given dolls. Heavy toy trucks can make noise, and "have an effect," whereas dolls more often can be used to talk with and dress up. Playing with trucks then may contribute to an instrumental/active orientation whereas playing with dolls may foster a communicative, personal style (Ashmore and Ogilvie, 1989).

1.4 Previous gender research

Many gender-related constructs have been identified and hundreds of gender measures have been developed (Beere, 1990). However, insufficient attention has been paid to methodological issues. Space does not permit a detailed methodological critique, although several points are worthy of note. Firstly, there is considerable variation in the terms used by researchers to describe gender-related constructs within the literature. Secondly, little attention has been paid to the multiple components of gender identity. Instead, much gender research is characterised by the confounding of a) the *target* of gender typing (i.e. self versus others), b) the *form* of gender-typing (i.e. knowledge versus attitudes) and c) the *domain* of gender identities (i.e. occupations, activities, etc) (Bigler, 1997). It is suggested that it is vital to distinguish between the target, form and domain of gender-typing, as they affect response patterns of adults (e.g. Spence, 1993).

In order to overcome some of these methodological limitations, Bigler, Liben, Lobliner and Yekel (1997) developed a new measure of gender schemata, for use with adults. The Adult Occupations, Activities and Trait-Personal Measure and Attitude Measure (OAT-PM/AM) was designed to assess adults' gender-typed beliefs about others and gender-typing of the self, using parallel forms. Research employing this new gender measure has provided some interesting findings. Firstly, attitudes towards traits were found to be considerably more egalitarian than attitudes towards occupations and activities. Secondly, correlational data indicate that stereotypic beliefs about occupations, activities and traits are highly related, lending some support to Bem's (1981) claims of gender schemata as consistent constructs. However, overall the authors found that the data were more consistent with the multifactorial model of gender schemata (Spence, 1984). Correlations

indicated that gender typing of others was not systematically related to gender typing of the self.

1.5 Gender and mental health

The importance of gender is evidenced by the mass of research that has accrued in relation to women's disadvantaged status and their mental health. Space does not permit a discussion of the research, although a brief mention of key points is necessary. Overall, women are four times more likely than men to present to their GPs with psychological problems and GP referrals for psychological help average 72 per cent for women and 28 per cent for men (Ussher, 1994). Statistics produced by the DHSS (1986) on admission to psychiatric hospital show that 12 out of 14 diagnostic categories are dominated by women. Furthermore, women are twice as likely as men to suffer depression (McGrath, Keita, Strickland and Russo, 1990).

1.6 Gender and disability

1.6.1 Gender as an absent subject

In contrast to mainstream literature, gender as a frame of reference has generally not been applied to people with learning disabilities (Burns, 1998). Indeed, it has been argued that men and women with learning disabilities have historically been perceived as less than fully gendered adults (Clements, Clare and Ezelle, 1995). In the psychological literature on people with learning disabilities, little reference is made to gender, which Burns (1993) suggests is evidence of our gender blindness. In the small literature that does exist, it is mostly in one of two contexts. Firstly, specific issues related to the sexuality of people with learning disabilities, including conception and sterilisation. Secondly, in relation to the position of women, as carers of, individuals with learning disabilities. As a

rule, gender issues are rarely referred to, unless they are viewed as somehow problematic that is, pregnancy. In accordance with the marginalisation of gender issues within academic circles, it has been argued that women with learning disabilities are frequently placed in a position of gender invisibility by services (e.g. Brown, 1996).

1.6.2 Why do services ignore gender?

Brown (1996) cites three reasons why people with learning disabilities are not seen as gendered by service workers. Firstly, services hide behind a gender-blind approach, which allows them to make inappropriate placements. Secondly, language is used to deflect from women's experiences, and focuses on the needs of others, for example, when service users exhibiting challenging behaviours, become the focus of interventions, and the needs of women who are subjected to their behaviour are ignored. Thirdly, women with learning disabilities are assumed not to have the same aspirations as other women. Implicit within this, is the assumption that the identities of women with learning disabilities differ significantly from the identities of other women.

Another reason for the invisibility of gender, seems to be the assumption that having a learning disability is the most central feature of a person's identity (Biklen and Moseley, 1993). What we do not know, however, is whether disability is indeed the primary frame of reference (Burns, 1998) or whether people with learning disabilities, do in fact position themselves differently (Scior, 1996).

1.7 What are the implications of gender blindness?

It has been argued that gender-blindness may have detrimental consequences (Burns, 1998). In what follows, five potential implications will be discussed, namely provision of

services, service philosophy, dual discrimination, prevention of an alternative identity, and the denial of core experiences.

1.7.1 Provision of services

One consequence of gender blindness lies in the type of service provision, which is typically provided for many people with learning disabilities. The mixed-sex group home, with staff support, has been adopted as the most common living arrangement (Clements et al., 1995). Brown (1994) argues that it is somewhat unusual, on the whole, for adult women to live with men who are neither family, friends or lovers. This provision, therefore, distinguishes their experiences quite markedly from other non-disabled women. Additionally, it has been argued that in reality, many staff members working in these environments assume a parental role and attempt to create a notion of family life, encouraging service users to take on the role of children (Clements et al., 1995). Ignoring gender may, therefore, lead to a blurring of boundaries, resulting in an inappropriate level of intimacy between service users and staff. Indeed evidence suggests that even where women are known to have experienced sexual abuse by men, they may continue to receive personal care by male staff members (Clements et al., 1995). Implicit within this practice is a lack of awareness of the impact of sexual abuse on the mental health of women with learning disabilities. This may have serious implications given our knowledge from mainstream literature, that is, that sexual abuse may contribute to increased rates of depression among women (Nuttall and Jackson, 1994).

1.7.2 Service philosophy

Research has indicated that men are generally socialised into being assertive and independent (Gilbert, 1987) whilst women are encouraged to develop the qualities of

connection, caring and accommodation (Titus, 1992). It is interesting then to consider the predominantly male-oriented philosophies, espoused by many services for people with learning disabilities, which are aimed at promoting independence, skill development and self-sufficiency (Clements et al., 1995). People with learning disabilities have traditionally been denied opportunities for independence and skill development. Consequently, philosophies aimed at reversing this oppression are undoubtedly positive. However, gender blindness enables the promotion of masculinity to the exclusion of femininity, and feminine attributes such as interdependence, relational abilities and emotionality. Moreover, mainstream literature indicates that both masculine and feminine attributes are considered important for the psychological health of men and women (Levant, 1996).

1.7.3 Dual discrimination

Gender-blindness may obscure the double discrimination faced by many women with learning disabilities. As noted by Hutchinson, Beeckey, Foerster and Fowke (1992):

> *"there is a double jeopardy in being a woman and having a disability. Women with disabilities experience all the barriers that women in our society normally experience; in addition they endure the problems that people with disabilities face in their daily lives."* (p. 17)

It has been argued that 'normalisation,' which has been hugely successful in highlighting the devalued status of people with learning disabilities, has also reinforced traditional gender roles (Brown and Smith, 1992). Consequently, whilst it may now be easier for some women with learning disabilities to get married, they may be entering a set of unequal personal relations, in which they are responsible for all domestic tasks. Indeed, research has indicated that in a comparison between men and women with learning

disabilities, women achieved significantly higher scores on performing household tasks such as making the bed and care of the kitchen (Walsh, 1988).

Mainstream research has indicated that the traditional role of women in society may have a number of negative implications. Increased risks of depression have been reported in married women (Paykel, 1991). Some evidence suggests the role of housewife can be isolating and that role restriction may be related to women's higher rate of mental health problems (Gove, 1979). Consequently, failing to address gender issues may have detrimental consequences for women with learning disabilities, as the philosophy of normalisation may replicate the gender divisions within wider society (Brown and Smith, 1992).

1.7.4 Prevention of an alternative identity

It has been argued that the label 'learning disability' automatically confers stigma (Szivos and Griffiths, 1992). Consequently, people with learning disabilities often deny their categorisation within this social group. The construct of 'acculturation,' in which individuals within stigmatised groups adopt the behaviour, values, and roles of a dominant culture in order to positively influence the core self, has been applied to people with learning disabilities (Finucane, 1998). The difficulty, however, for women with learning disabilities is that they have few social roles available to them, from which they can gain an alternative sense of gratification.

Consequently, despite the lower status accorded to women by society, women with learning disabilities may endeavour to identify with a female identity, in a bid to reject the stigma of a learning disabled identity. Whilst many non-disabled women may

experience the absence of rigidly prescribed gender roles as liberating, women with learning disabilities may strive to attain the goals of womanhood. Accordingly, they may attach a high value to performing both domestic and caring tasks. It is possible then that denying gender may result in a failure to support women with learning disabilities in typical women's roles, which may deprive them from a valuable source of self-worth. Furthermore, in realising that the socially sanctioned roles are prohibited, they may acquire a sense of worthlessness and negative self-image (Begum, 1992). Indeed it is questionable as to how women with learning disabilities find self-worth in a culture that has denied them the right to their own identity, including their own femininity. In short, gender blindness may seem politically correct, but there is a world of difference between challenging gender stereotypes and being excluded from them (Brown, 1996).

1.7.5 The denial of core experiences

Gender blindness may lead to core experiences being disregarded. As Clements et al., (1995) comment:

> *"There is a high cost to be paid if a person is perceived as gender free, in a gendered world. Core experiences may be denied, needs will be misunderstood, and dominant but damaging value systems will be imposed."* (p. 426)

The issue of physical appearance has been identified as problematic for women with visible learning disabilities, because of societal messages that they are ineligible to be considered attractive. Stone (1995) asserts that whilst men may internalise societal norms about bodily perfection, women are especially disadvantaged because:

> *"women even more than men are judged, and judge themselves by their appearance."* (p. 420)

Gender blindness may also result in important life events being censored out of the public agenda for women with learning disabilities, for example sexual relationships, the menopause, eating disorders, body image, motherhood and childlessness (Brown, 1996). The role of mother and the impact of childlessness will be the central focus for the remaining discussion, and will be further explored in the present study.

1.8 Women and motherhood

Beliefs about both motherhood and the impact of childlessness are considered central to an examination of the gender identities of women with learning disabilities, for several reasons. Firstly, motherhood is reported to be one of the most valued roles in society for women (Rollins, 1996). Secondly, it has been argued that many women with learning disabilities wish to become parents (Bratlinger, 1988). Thirdly, although many women with learning disabilities are probably fertile (Brown, 1996) many are prevented from achieving this adult role.

1.8.1 What are women's motivations for motherhood?

Not surprisingly, the literature indicates that individual women have varied motivations concerning motherhood. In an early study, Leifer (1977) interviewed nineteen women about their motivations for motherhood. The attractions of motherhood included: tenderness, pleasure of playing with a child, the need to care for another person, watching the development of a child, and the wish to 'own' another person. Other motivating factors included social expectations of childbearing, the wish to emulate one's peers, a desire to confirm the feminine gender-identity, a substitute identity for past failures, a wish to perpetuate aspects of the self, bringing pleasure to grandparents, strengthening one's relationship, and companionship.

In another early study, Pohlman (1970) reviewed women's reasons for intentional childlessness. These included a desire for freedom, a reluctance to carry the burden of parenthood, financial implications, a wish to preserve the harmony of marriage, a lack of love for one's partner, rejection of the feminine role, a sense of one's inadequacy to be a mother, and a strong dislike of children.

1.8.2 Are women with learning disabilities motivated by motherhood?

It has been suggested that parenting assumes a particular significance for women with learning disabilities in their search for a valued social role in society (Young, Young and Ford, 1997). Indeed, it is easy to imagine how having a child may be perceived as "the great equaliser for a woman who has felt different all her life, and who continues to be told what to do into adulthood" (Finucane, 1998).

Research has indicated that the rewards of parenthood for people with learning disabilities include the adult status it confers, an increased sense of common identity with other parents, self-esteem, personal fulfilment, opportunities for integration and loving relationships (Booth and Booth, 1995).

1.9 Women and childlessness

The above discussion has outlined ways in which motherhood can be a fulfilling experience for many women. What are the psychological consequences then of being unable to achieve this role? In the absence of research on childlessness in women with learning disabilities, this question remains unanswered. Firstly, this highlights the need for research into this area. Secondly, it begs the question to what extent can research on childlessness in other groups of women (e.g. some lesbian women, some women with

physical disabilities and infertile women) help to inform us of the potential implications for women with learning disabilities. There is a dearth of psychological research evidence available on childlessness in lesbian women or women with physical disabilities, in contrast to women who have been diagnosed as infertile. Differences clearly exist between this latter group and women with learning disabilities. There may be some similarities however, in so far as women with learning disabilities may also perceive their 'childless status' to be involuntary. An overview of the psychological consequences of infertility therefore seems appropriate.

1.9.1 The psychological consequences of infertility

Infertility has been described as a loss of a primary life goal (Forrest and Gilbert, 1992). Furthermore, research suggests that fertility problems may affect one's self-image, emotional stability and relationships with other people (Fleming and Burry, 1988). Infertile women have been shown to have lower self-esteem (Platt, Ficher, and Silver, 1973) and more distorted body images (Cooper, 1979) compared with fertile women.

Menning (1977) has linked the realisation of infertility and the responses to it, to Kubler-Ross's (1969) stages of death. Feelings of shame, guilt, isolation, failure and loss can accompany the experience, and involuntarily childless women may also feel sexually inadequate (Dunkel-Schetter and Lobel, 1991).

1.9.2 What impact does childlessness have on women with learning disabilities?

Despite the emotional significance attached to non-disabled women's inability to bear children, there has been little acknowledgement of the parallels with women who have learning disabilities. It is not unreasonable to hypothesise that childlessness may have

devastating effects on the self-esteem of these women, who are denied access to motherhood by society (Scior, 1996). However, gender-blindness prevents us from having to face this possibility.

An additional reality is that women with learning disabilities are left to articulate their feelings in a vacuum (Brown, 1996). This surely speaks volumes about our inability to see women with learning disabilities as 'real women?' The consequences of this may be two-fold. Firstly, an inability to apply a gendered perspective may lead others to make inaccurate attributions for women's distress and behaviour. Consequently, ineffective interventions may be carried out (Clements et al., 1995). Secondly, we know from mainstream literature that women are taught to both internalise distress and blame themselves (Real, 1997). Furthermore, we know that internal attributions for negative events have been identified as important contributors to the incidence of depression in women (Champion, 1995). Consequently, gender-blindness may prevent women with learning disabilities from employing a more active coping style, which is less likely to instil a sense of failure, will reduce the accessibility of negative memories, and will decrease the chance that an individual will consider depressing explanations for their situation (Nolen-Hoeksema, 1987).

1.10 Consequences of gender-identity and mental health.

The discussion so far has highlighted some potential implications of gender blindness, at both individual and service levels. In the absence of research, however, little is known about how being treated as 'genderless beings' impacts upon the gender-identities of women with learning disabilities.

Earlier discussions about the construction of gender identities implicated the roles of various factors. What are the potential implications of these causal factors for women with learning disabilities? Theories emphasising the importance of societal messages about masculinity and femininity raise particular issues for women with disabilities, since two sets of social dynamics potentially converge in their lives. These are the demands and roles embodied in expectations of femininity, and the ungendered perspectives embedded in the construct of learning disability. This begs the question, how do people with learning disabilities create a sense of gender identity when they find themselves at the crossroads of these social forces?

The extent to which others' attitudes and behaviours influence their gender-identity development will, of course, be determined by their unique paths of socialisation. However, two possible influences seem worthy of note. Firstly, it has been stated that staff in many care environments tend to reproduce the traditional patterns of power and dominance which are prevalent in the rest of society (Craft and Brown, 1994). This may impact on women's gender-identity by reinforcing traditional notions of femininity. Alternatively, as the discussion has highlighted, there is a tendency for women with learning disabilities to be treated as genderless beings. This may, therefore, play a powerful role in causing them to perceive themselves as ungendered, through the processes of reflected appraisals and/or direct feedback.

Questions remain as to whether women with learning disabilities experience expectations from the ideal of femininity or, whether, they come to accept what the dominant ideology says about them. This is significant, since research has demonstrated that specific gender role self-perceptions are related to women's mental health (Thornton and Leo, 1992). For

example, some evidence suggests that 'undifferentiated women,' those low in both masculine and feminine attributes, may be subject to greater depression (O'Heron and Orlofsky, 1990). Additionally, feminine-typed women have also been noted to express greater depression compared with masculine-typed women (Oliver and Toner, 1990). Furthermore, research conducted by Grimmell and Stern (1992) has indicated that gender roles can diminish psychological well-being by creating conflict between personal beliefs about the nature of appropriate behaviour/roles and the actual demands of a person's life situation. This social-conflict model of gender role influence suggests that if these conflicts occur often enough, then the person may suffer a diminishment in psychological well-being.

1.11 Seeing through a gendered lens

Seeing through a gendered lens means "working to make gender visible" (Howard and Hollander, 1997). Undoubtedly, women with learning disabilities should be entitled to a gendered identity. Beyond this, however, what can we hope to gain from a gendered analysis of the lives of people with learning disabilities?

Burns (1998) argues that seeing through a gendered lens would enable the understanding of some behaviours, which people otherwise struggle to make sense of. Indeed, there has been an increasing awareness that rates of emotional disorders are high in people with learning disabilities (Reiss, 1990). The omission of gender and specific gender issues (e.g. childlessness) as contributory factors, however, is striking. On the one hand, this is surprising given findings from mainstream literature that gender plays a significant role in emotional distress. On the other hand, it serves as a further reminder that we consistently perceive theoretical knowledge about non-disabled people to be irrelevant to

people with learning disabilities. The application of a gendered lens may, therefore, increase our understanding of the prevalence of mental health problems in this client group.

1.12 Summary and aims of present study.

In summary, research into gender remains under-investigated in people with learning disabilities (Walsh, 1988). Consequently, little is known about whether women with learning disabilities organise the world along gender lines. Similarly, little is known about the gender-identities of women with learning disabilities. Furthermore, little is known about the importance they ascribe to the role of mother, or how they experience being childless women.

The aims of the present study were, therefore, to begin to address the dual status of gender and disability by ascertaining women's subjective beliefs and experiences. It is considered that closing this gap in our knowledge is important, as how women with learning disabilities see both themselves and others may be central to our understanding of their identity and psychological well-being.

1.13 Research questions

Part one

1a. What attitudes do women with learning disabilities hold about gender in relation to occupations, activities, and personality traits?

1b. Is there a difference between the gender-attitudes held by women with learning disabilities and non-disabled women?

2a. How do women with learning disabilities gender-type themselves?

2b. Is there a difference in the way women with learning disabilities and non-disabled women gender-type themselves?

3a. Is there a relationship between women with learning disabilities' gender-attitudes towards others, and gender-typing of the self?

3b. Is there a relationship between non-disabled women's gender-attitudes towards others, and gender-typing of the self?

Part two

4. What beliefs do women with learning disabilities hold about motherhood?

5. What attributions do women with learning disabilities make for childlessness in:

a) non-disabled women?

b) other women with learning disabilities?

c) themselves?

6. What beliefs are held about the psychological consequences of childlessness for:

a) non-disabled women?

b) other women with learning disabilities?

7. How do women with learning disabilities experience being childless women?

8. What beliefs are held about how non-disabled women and women with learning disabilities cope with their childless status?

9. How do women with learning disabilities cope with being childless women?

CHAPTER 2: METHOD

2.1 Design

The study is cross-sectional and employed a within and between groups design. There were two parts to the study and both quantitative and qualitative research methodologies were used.

2.2 Part one

Part one aims to investigate women with learning disabilities' gender attitudes towards others and the self and to compare them with the attitudes held by non-disabled women. A further aim is to investigate whether there is a relationship between gender-attitudes towards others, and gender-typing of the self in both groups of women. Group one consisted of eighteen women with a learning disability. Group two (control group) consisted of eighteen non-disabled women, matched for age with group one.

2.2.1 Participants (Group one)

The original sample of participants included twenty-seven women with learning disabilities aged between 22 and 60 years. 'Learning disability' was defined using a

social systems perspective (Mercer, 1973). Consequently, women receiving a service for people with learning disabilities were eligible to be considered for inclusion in the study. Additional inclusion criteria required that the women:

- Were able to give informed consent.
- Were able to discriminate between the responses on the rating scale.
- Did not demonstrate acquiescent responses, as tested objectively.
- Were not experiencing any known mental health problems.

The final sample of participants included only eighteen of the original sample, for the following reasons:

a) One woman decided not to take part.

b) Two women were withdrawn by carers[1]

c) Four women were unable to demonstrate adequate comprehension of the research.

d) One participant's responses to items on the gender inventory were considered invalid.

e) One woman had difficulty with both verbal and non-verbal communication.

Seventeen of the women were recruited from six day-centres. The remaining participant was recruited from a respite unit.

2.2.2 Contact with services to recruit participants (Group one)

Full ethical approval was granted on 25th November 1998 (appendix 1). Once ethical approval was received, telephone contact was made with the service manager of two day centres. Permission was given to recruit participants from both centres. The researcher gave a verbal presentation of the research to help staff identify participants. A follow-up

[1] It was requested by carers/parents that two women who had participated in the screening interview had no further involvement in the research.

telephone call revealed there were fears about the research culminating in distress and a decision about recruitment was delayed. For several weeks, the researcher was unable to make contact with the service manager. Consequently, due to time constraints, it was necessary to recruit participants from an alternative source.

Telephone contact was then made with a regional service manager of day and residential services. Several anxieties were raised and the researcher was requested to address the concerns at a learning disability management team meeting. The main concerns surrounded the potential distress, which may be caused for participants and their families. The researcher was requested to produce a report documenting how these issues would be dealt with (appendix 2). It was further requested that families/carers were informed of participants' participation and that any participant experiencing distress would be offered a psychological service as a priority. Verbal agreement to proceed was then given. Access to participants, however, remained strictly monitored.

The recruitment of participants was a difficult process. The central role which service providers have in allowing or preventing individuals' participation in research activity, was highlighted. Ethical issues raised by this process are addressed in the discussion.

2.2.3 Control group (Group two)

A control group was employed to enable a comparison of the gender attitudes and gender-typing of women with learning disabilities with non-disabled women. The survey methodology used was a postal questionnaire. Snowball sampling (Robson, 1993) was used for recruitment, whereby several individuals were initially identified, and then used as informants to identify other suitable people.

2.2.4 Measuring gender

Choice of measure

As outlined in the introduction, gender issues have been largely ignored within the field of learning disabilities (Burns, 1993). It was therefore necessary to look to mainstream literature for an appropriate methodology. In the present study the employment of the OAT-PM/AM[2] (Bigler et al., 1997) (appendix 3) was considered most appropriate for several reasons. Firstly, it was developed with the aim of eliminating some of the methodological problems arising from previous measures. Specifically, the measure enabled a comparison between participants' gender-typing of others and of the self, which was an important aim of the study. Secondly, researchers have tended to develop their own measures, thus making it difficult to make comparisons across studies (Bigler, 1997). With this in mind, it was considered preferable to use an existing research tool rather than develop a new one. Thirdly, there is a dearth of valid and reliable assessment tools for people with learning disabilities. The OAT-PM/AM was considered useful as it could be made accessible for people with learning disabilities without changing the validity of the measure. This, therefore, enabled a comparison of gender schemata in women with learning disabilities and non-disabled women.

2.2.5 Description of the measure

The OAT-Personal Measure

To obtain data on gender-typing of the self, the Personal Measure consists of scale items that address occupations, activities and traits. The measure requires adults to rate their personal interest in (25) occupations, the extent to which they participate in (25) activities, and the degree to which (25) traits are self-descriptive. Occupational items

(e.g. "How much would you want to be a nurse?") are accompanied by a four-point rating scale ("*not at all,*" "*not much,*" "*some*" and "*very much*"). Activity items (e.g. "How often do you wash the dishes?") are accompanied by a four-point rating scale ("*never,*" "*not very often at all,*" "*sometimes*" and "*very often*"). Trait items (e.g. "How much does the word 'friendly' describe you?") are accompanied by a four-point scale ("*not at all like me,*" "*not much like me,*" "*a bit like me,*" and "*very much like me*").

Participants obtain three individual scores for each domain, indicating the degree to which they endorse masculine, feminine and neutral items for the self.

The OAT-Attitude Measure

To obtain data on gender attitudes towards others, the Attitude Measure consists of scale items that address occupations, activities and traits. The measure requires adults to rate (25) occupations, (25) activities and (25) traits as appropriate for "*only men,*" "*only women,*" "*both men and women,*" "*mostly men, some women*" and "*mostly women, some men*" (and in the case of traits, "*neither men or women*"). Questions are phrased in the format of "*who should.....?*" rather than "*who usually.....?*" as the authors believed that the former focuses more on attitudes than knowledge (Signorella, Bigler and Liben, 1993).

The measure is scored by totalling the number of feminine items assigned to "*only women*" and "*mostly women*" plus the number of masculine items assigned to "*only men*" and "*mostly men.*" Higher scores, therefore, indicate greater gender stereotyping.

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2 The short version of the OAT (OAT-short-form) was used.

2.2.6 Validity and reliability

Validity

The OAT-AM/PM was originally validated on an American population and, therefore, needed modification for use with an English population. Ten people were given the measure and were asked to indicate which, if any, items were inappropriate for an English population (appendix 4). They were also required to offer suggestions for an English equivalent where possible. Modifications were made where five or more people concurred that an item was inappropriate. The researcher made the final decision as to the most appropriate substitute English word or phrase. In total, 14 per cent of all items were modified (appendix 5).

The OAT-AM/PM had not been validated for use with people with learning disabilities. Consequently, the relevance of the measure was an important consideration. The Activities sub-scale of the Personal Measure raised a methodological issue since it requires participants to indicate how often they engage in a variety of activities. It is generally agreed that adults with learning disabilities are more likely to experience limited opportunities, and a lack of control over their environments (Black, Cullen and Novaco, 1997). Therefore, it was anticipated that participants' engagement in activities may be determined primarily by circumstance as opposed to choice. In order to assess the construct validity of the activity scale (Personal Measure), five people with experience in the learning disabilities field were asked to assess the appropriateness of each item for people with learning disabilities (appendix 6). Results revealed that three out of twenty-five items were considered to be outside the experiences of most people with learning disabilities.

Similarly, some of the items from the Traits scale were considered to be inappropriate. Several items from both the Attitude and Personal Measure implied some relevance to schooling, which may have been outside the experiences of many participants. Inappropriate items were substituted by alternative (masculine, feminine or neutral) items from the longer version of the scale (appendix 7).

Reliability

In an attempt to assess the reliability of the scale, ten people who were not otherwise involved in the study, completed the OAT-AM/PM twice, over a ten-day period. A correlation coefficient of 0.783 (p= .007) was obtained, indicating an adequate level of reliability.

2.2.7 Methodological considerations: piloting the procedure

Of significant concern was whether women with learning disabilities would comprehend the scale items and response options due to possible limitations in vocabulary and comprehension. The scale was, therefore, initially piloted on two participants. It was anticipated that some participants would have difficulty remembering a choice of replies. Therefore, each response option was presented using drawings (appendix 8) to aid comprehension and memory (Prosser and Bromley, 1998).

As a result of the pilot stage, it was clear that some items were likely to need clarifying for some participants (appendix 9). Consequently, a brief definition of each item was produced. Pictorial illustrations of the response options were found to be useful and were used in the screening interview (see 2.2.8). Data collected from participants 1 and 2 were considered valid by the researcher and were, therefore, included in the main study.

2.2.8 Contact with participants (group one): the screening interview

Contact with participants was made via key-workers. Information sheets (appendix 10) outlining the research aims were given to key-workers. They were requested to read the information to suitable people and to ask them if they would like to take part. This approach was considered to have several advantages. Firstly, it aimed to make it easier for women to decide against taking part. Secondly, anonymity was maintained until women had shown an interest. Thirdly, it was anticipated that initial contact would be less stressful as the women already had an idea of what was involved. Interested participants attended a screening interview. This aimed to build rapport, address ethical issues and assess participants' ability to understand the rating scale.

1. Informed Consent

It has been argued that people with learning disabilities can be vulnerable to exploitation in research (Booth and Booth, 1994). This is due in part to specific cognitive and social difficulties, which may influence their capacity to consent (Clare and Gudjonsson, 1995). Procedures for obtaining informed consent in the present study were based on research carried out by Arscott, Dagnan and Kroese (1998). Firstly, the main aspects of the study were read to participants. This information informed participants about the procedures involved, highlighted any negative aspects of participating and assured participants that they could withdraw at any stage. Issues of confidentiality and anonymity were also explained. Secondly, participants were asked a number of questions to assess their understanding of the study. This was important since whilst presenting participants with an account of research can be easy, it is more difficult to assess whether it has been understood (Arscott et al., 1998).

The questions were:

1. *What will I be talking to you about?*
2. *How long will I be talking to you for?*
3. *How many times will we meet after today?*
4. *Are there any good things about talking to me?*
5. *Are there any bad things about talking to me?*
6. *What can you do if you do not want to speak to me anymore?*
7. *What can you do if you have any questions about the study?*
8. *Who will I talk to about what you say?*

A final question was asked to ascertain whether people were happy to continue. If an answer was considered to indicate understanding, a score of '1' was given. If an answer was considered inadequate, a '0' was given.

Table 1. Questions asked to determine ability to consent.

Question	Scoring criteria	Number and % correct
1	Score 1: a partial description of the study is given.	21 (84%)
	Score 0: an irrelevant or vague answer is given.	
2	Score 1: a valid approximation of time is given.	19 (76%)
	Score 0: no answer or completely wrong answer.	
3	Score 1: the correct number of days stated.	19 (76%)
	Score 0: an incorrect number of days stated.	
4	Score 1: answer with some face validity e.g. I will enjoy it.	21 (84%)
	Score 0: no explanation or irrelevant answer.	
5	Score 1: answer with some face validity e.g. I will not enjoy it.	1 (4%)
	Score 0: no explanation or irrelevant answer.	
6	Score 1: understanding that they can withdraw at any stage.	21 (84%)
	Score 0: no understanding they can withdraw at any stage.	
7	Score 1: understanding they are allowed to ask questions and/or contact the researcher.	20 (80%)
	Score 0: no understanding that questions can be asked.	
8	Score 1: answer indicating understanding of confidentiality.	19 (76%)
	Score 0: lack of understanding of confidentiality shown.	

In support of Arscott et al., (1998) most participants demonstrated a partial understanding of the research, the time it would take and number of days involved. Similarly, participants generally found it easy to identify some advantages of taking part. Many of the advantages, however, were not directly related to the specific content of the research, for example

"The way you talk to me is good."

In support of Arscott et al., (1998) the majority of participants found it difficult to identify any disadvantages of participating. This may reflect efforts that were made to ensure appointments did not interfere with an activity that participants enjoyed. Alternatively, it may suggest that participants favoured the individual contact provided by participation in the research compared to alternative activities. Ethical issues arising from this consent procedure are addressed in the discussion.

2. Acquiescence

People with learning disabilities may have a tendency to acquiesce, because they are not used to having control over their own lives (Stalker, 1998). Consequently, a further ethical consideration is whether participants' consent is voluntary (Arscott et al., 1998). The use of "lie" items (i.e. where "no" is a correct answer) has been typically used to measure acquiescence (e.g. Stancliffe, 1995). The acquiescence assessment used in this study involved asking participants four brief questions, two of which (questions 2 and 4) required a negative response in order to be correct.

These were:

1. *Can I ask how old you are?*
2. *Are you married?* (All participants were known to be unmarried).
3. *Do you live near here?*
4. *Do you come here (name of day centre) at weekends?(*All were known not to attend at weekends).

Question One was necessary in order to match the women in the control group for age. The purpose of question three was merely to facilitate a conversation between participant and researcher. If participants responded affirmatively to the two acquiescent items, they were considered unsuitable for inclusion in the research. No participants demonstrated acquiescent responses to these items.

3. Comprehension of the rating scale

Participants' capacities to respond validly to the response scale were assessed. This was crucial given that people who are placed in a forced-choice situation, where they do not understand the task, will often respond at random (Cummins, McCabe, Romeo, and Gullone, 1994). The Personal Measure consisted of three different response scales *(not at all-very much; never-very often; not at all like me-very much like me).* Pictorial formats of these responses were presented in the form of coloured steps, and a series of questions were asked to assess participants' ability to discriminate between responses (appendix 11).

The Attitude Measure consisted of one response scale (with the Traits sub-section including a 'neither' response option). To assess participants' abilities to discriminate

between '*only men,*' '*mostly men,*' '*both men and women,*' '*only women,*' and '*mostly women,*' pictorial formats of these responses were presented. Computer generated drawings were used instead of photographs of men and women to prevent the possibility of other stimuli within the picture affecting response patterns. As above, participants were required to demonstrate an ability to discriminate between the response options by being asked a series of questions (appendix 12).

Participants were told that there were no right or wrong answers and probes were used to encourage them to substantiate their answers. Some participants were clearly able to use the five-point scale. Some, however, tended not to use the '*mostly men/women*' categories. In such cases, cross-questioning techniques were used to ensure that answers reflected participants' attitudes and not a lack of understanding of the response options.

At the end of the screening interview participants were asked whether they were still happy to take part in the research. Those who wanted to continue were asked to sign a consent form (appendix 13). Participants were informed that the day service management wished their parent(s)/carer(s) to be told of their involvement in the research. Participants were asked if they objected to a letter (appendix 14) being sent to a key person in their lives. Two women did not consent, which was respected.

2.2.9 Contact with participants: completion of the gender inventory

The target group (group one)

At a second meeting, participants were facilitated to complete the gender inventory. The Personal Measure was administered first to avoid making individuals' gender-related beliefs highly salient prior to their self-ratings (Bigler et al., 1995). The inventory was

scored quantitatively. However, qualitative information was also elicited by encouraging participants to talk about, and expand on, the responses they had chosen. This approach was considered useful for two main reasons. Firstly, it attempted to monitor the validity of participants' responses (Sternfert–Kroese, 1997) by assessing their understanding of actual words and concepts. Secondly, it enabled a more conversational format, thus enabling participants to 'tell their stories.' Breaks were given as and when needed. Completion of the inventory took between one and a half and three hours.

The control group (group two)

A covering letter (appendix 15) was sent with each gender inventory (the British amended version) to eighteen non-disabled women. As above, a request was made for the Personal Measure to be completed first. A stamped addressed envelope was enclosed to increase the likelihood that individuals would respond (Moser and Kalton, 1971).

2.2.10 Debriefing

Participants in group one were asked how they were feeling and encouraged to ask questions. The purpose of the study was reiterated and participants were asked if they were still happy for their answers to be used. Participants were given the researcher's number and were encouraged to make contact at any time if there were any issues arising from the research. Service managers agreed that participants could use the telephone from the respective services.

2.2.11 Data management

Data obtained from the administration of the OAT-PM/AM for both groups were analysed quantitatively, using the Statistical Package for Social Sciences for Windows, version 1995. Parametric methods were considered appropriate since the data were derived from normal distributions, with equal variances, and the samples were of equal sizes.

2.3 Part two

Part two explored the attitudes of six women with learning disabilities towards motherhood and issues relating to childlessness, using semi-structured interviews (appendix 16). The rationale emerged from the fact that childbearing has been described as the traditional female destiny (Chesler, 1989). However, whilst more women with learning disabilities are now having children, it still remains an unlikely goal for many (Williams, 1992). Consequently, the role of mother, as the clearest example of expressed femininity, was considered to be a useful focus for an exploration into women with learning disabilities' gender beliefs about the self and others.

2.3.1 Selection for part two

Six women had been identified by key-workers as suitable participants. The aims of part two were explained to the six women in simple language at the end of part one, and any negative aspects of participating were highlighted. Participants were informed they could withdraw at any stage and issues of anonymity and confidentiality were discussed. All six women expressed a wish to take part. As in part one, participants were informed that service management wished their parent(s)/relative(s) or carer(s) to be told of their

involvement. Accordingly, participants were asked if they objected to a brief letter (appendix 17) being sent to a key person in their life. Two participants did not consent, which was respected.

2.3.2 Participants

Participants were six women, aged between 41 and 60 years. All had participated in part one. In addition to the inclusion criteria in part one, part two required that women did not have any children.

Table 2: Summary details of the six participants in part two

Participant	Age	Marital status	Living arrangement
1	41	Single	Community placement
2	60	Single	Group home
3	42	Single	Lives with sister's family
4	58	Single	Lives with sister's family
5	41	Single	Lives with mother
6	42	Single	Lives independently

2.3.3 Choice of methodology

A qualitative methodology was considered to be most appropriate. The main reason for this is the exploratory nature of the research, which aimed to uncover meaning and understanding (Henwood and Pidgeon, 1995) as opposed to testing fixed hypotheses. A further important reason was that qualitative methods are considered most suited to investigating an area which has not been extensively researched (Turpin, Barley, Beail, Scaife, Slade, Smith and Walsh, 1997). Finally, it was anticipated that recruitment would be difficult, therefore, a more detailed research process with a small sample of women was considered most suitable.

2.3.4 Use of the semi-structured interview

Semi-structured interviews were considered most appropriate for meeting both the research aims and the needs of women with learning disabilities. Firstly, the aim was to obtain as full a subjective view as possible of the women's beliefs about motherhood and their experiences of childlessness. Accordingly, semi-structured interviews were appropriate as they are widely used to gain a detailed picture of respondents' beliefs about a particular topic (Smith, 1995). Furthermore, they are deemed particularly suitable where an issue is considered sensitive (Lee, 1993). Additionally, semi-structured interviews allow significantly more flexibility than the more conventional structured interview. This methodology was considered necessary for facilitating the women to give their personal accounts. Semi-structured interviews were considered preferable to an unstructured approach as a degree of structure is often required to facilitate discussion with people who may be less than verbally articulate (McCarthy, 1998). Finally, semi-structured interviews free the interviewer to alter the sequence of the questions posed, and thus enable the research instrument to be tailored to the level of comprehension and articulation of the respondent (Fielding, 1993). This was considered particularly useful for women with learning disabilities whose comprehension and language abilities varied.

2.3.5 Validity and reliability in qualitative research

Qualitative methods of inquiry emphasise both meaning and subjective experience, and are not concerned with establishing objectivity and quantification. Consequently, traditional methods of assessing validity and reliability within quantitative research paradigms are not suited to qualitative methodologies. Therefore, the following principles were used to guide the development of the qualitative research process and analysis.

Auditability (Stiles, 1993)

This refers to making the process of the research activity explicit, allowing others to follow the steps undertaken by the researcher. Accordingly, a detailed account of the steps involved in Interpretative Phenomenological Analysis, is provided in section 2.3.8.

Member validation (Smith, 1996)

Member validation involves checking the researchers' interpretations of the 'talk' produced from the research process. Accordingly, the content of the interviews was verbally summarised for participants, to give them an opportunity to concur with, or refute the researcher's account (Prosser and Bromley, 1998).

Consensus of themes (Coyle, Good, and Wright, 1994)

It has been suggested that validity is improved by a second rater reading the qualitative material, and conducting part of the analysis. In the present study, the research supervisor read four of the transcripts and identified emerging categories within the data.

Presentation of evidence (Smith, 1996)

This check on validity requests that, in qualitative research, sufficient evidence should be presented to allow the reader to take part in an interpretative dialogue with the data collected in the study. In the present study all emerging themes were supplemented with verbatim quotes from participants' transcripts.

2.3.6 The interview schedule

Interviews were audio-taped and lasted between one and one and a half hours. The interview schedule was constructed to address the research questions, which had been

developed following a review of mainstream literature in the area of motherhood and childlessness. At the beginning of the interview, attempts were made to put participants at ease. The most personal and potentially more sensitive areas were left until later in the interview to allow participants to become comfortable (Smith, 1995). Minimal prompts and probes were used, where necessary, to encourage participants to expand in more detail. The interview schedule was divided into six sections, as outlined below. Before beginning, participants were asked to sign the consent form (appendix 18) and time was given to ask questions. The first participant recruited was used to pilot the interview schedule, although it was not necessary to alter it.

Section one: General information

Participants were asked general questions about their contact with children and what they liked/did not like about children. Participants were encouraged to talk about children within their families and/or their work in playgroups, where applicable. This section aimed to put participants at ease.

Section two: Motivations for motherhood

This section explored perceptions about the importance of having children for women in general; reasons why some women have children; the positive and negative aspects of having children.

Section three: Barriers to motherhood

This section explored reasons why some women do not have children; the feelings evoked by being unable to have children and how these feelings are dealt with.

Section four: Motherhood and learning disability

This section explored participants' beliefs about whether women with learning disabilities have children; perceptions of women with learning disabilities as mothers; perceptions of feelings evoked in women with learning disabilities who do not have children; and perceptions about how these feelings are dealt with.

Section five: Participants' desires to have children

This section explored participants' desires to have children; reasons for thinking they might like/not like to have children; decision-making around their childless status; feelings evoked by having no children; and how participants coped with these feelings.

Section six: Debriefing

At the end of the interview participants were asked how they were feeling and if they had any questions. The researcher's contact number was given to all participants again and it was reiterated that contact could be made at any time. Participants were reminded of confidentiality and informed that all tapes would be erased, once the information had been transcribed and the research completed.

2.3.7 Ethical considerations

Ethical issues become particularly prominent when research involves exploring others' lives (Swain, Heyman and Gillman, 1998). Consequently, the following procedures aimed to ensure that participants could make an informed choice about participating, and that adequate support was available:

1. The study was presented verbally in simple language, and participants were encouraged to ask questions.

2. Participants were informed they may find the interview distressing.
3. The interviewer constantly monitored the effects of the interview on participants and responded accordingly.
4. A debriefing process was intended to facilitate the expression of any difficult feelings.
5. The researcher's telephone number was given to participants again to enable them to make contact at a future date.
6. Participants were informed that a referral could be made to the local psychology service, if necessary.

2.3.8 Data management

Analysis of interviews

Qualitative data were analysed using Interpretative Phenomenological Analysis (Smith, 1996). The aim of this approach is to ascertain the individual's account of reality, rather than objective reality. The analysis begins with individual case studies, before looking for patterns across cases (Smith, Harre and Van Langenhove, 1995). Accordingly, the researcher focused initially on one transcript, reading it through many times in order to become familiar with the content. Preliminary thoughts were noted down in the left-hand margin, that were considered relevant to each research question. The right-hand margin was used to document emerging themes within the data. Once the initial transcript had been analysed, the identified themes were transferred onto a separate sheet, and the researcher looked for connections between them. Themes which were related, were put together and given a general category heading (Smith, 1995). This procedure was repeated for the remaining transcripts. Categories emerging out of each transcript were then amalgamated for each research question to produce a master table of categories for

the group. Verbatim extracts were used to exemplify each category, in order to allow the reader to take part in an interpretative dialogue with the data.

CHAPTER 3: RESULTS

Research questions 1-3 are addressed in part one of the results section[3]. Research questions 4-9 are addressed in part two of the results section.

3.1 Part one

Participants demographics

Participants were similar in age. The mean age of the target group was 40 years and the mean age of the control group was 37 years ($t = -.868$, $df = 34$, $p = .392$).

Research question 1a: What attitudes do women with learning disabilities hold about gender in relation to occupations, activities, and personality traits?

Table 3 shows gender-stereotyping ratings for each participant in group one (learning disability sample) for the domains of occupations, activities and traits. Possible scores range from '0' (non-stereotypic attitudes) to '1' (maximum stereotypic attitudes). A group mean gender rating score of 0.8 for both occupations and activities indicated high levels of gender stereotypic attitudes (as measured by the OAT-AM) towards these domains. This suggests that group one did not, on the whole, perceive occupations and activities to be equally appropriate for men and women. A group mean of 0.4 was obtained for personality traits, perhaps indicating less stereotypical attitudes towards this domain. Table 3 shows missing data for three participants for the latter domain. The

[3] Qualitative information was gathered from the administration of the gender inventory to group one, as a measure of validity. A sample of comments are presented in appendix 19.

responses of two participants were excluded, as their comprehension of certain trait items were in doubt, and a third participant expressed a wish to opt out of this final sub-scale.

Table 3. Individual gender stereotyping ratings, group means and standard deviations (sd) for the learning disability sample.

Participant	Age	Gender stereotyping rating of occupations	Gender stereotyping rating of activities	Gender stereotyping rating of traits
1	41	.75	.90	.55
2	42	.85	.75	.40
3	60	.70	.70	.50
4	58	.65	.80	.35
5	41	.80	.80	.55
6	45	.95	.90	.55
7	32	.75	.80	-
8	37	.75	.65	.30
9	28	.65	.75	.40
10	22	.85	.75	-
11	40	.70	.65	.20
12	62	.90	.65	-
13	42	.85	.85	.40
14	63	.75	.70	.15
15	37	.80	.80	.30
16	26	.85	.85	.20
17	28	.90	.75	.25
18	27	.55	.65	.35
Mean score		0.8	0.8	0.4
Standard deviation		0.103	0.083	0.133

Research question 1b: Is there a difference between the gender-attitudes held by women with learning disabilities, and non-disabled women?

Independent t-tests were used to investigate differences between the gender attitudes held by women with learning disabilities and non-disabled women. Significant differences were found between groups for all domains. Table 4 shows women with learning disabilities were more gender-stereotypic in their attitudes. This finding was particularly salient in relation to occupations and activities, and less so in relation to personality traits. Correlations were computed for both groups of women to investigate whether there was a relationship between attitudes across domains. A significant relationship was found

between non-disabled women's attitudes towards occupations and activities (r=.8352, p<.01). No relationship was found for women with learning disabilities' attitudes, across the domains.

Table 4. Means, standard deviations and statistical analysis of differences in gender attitudes towards others, between groups.

Gender stereotyping rating of:	Means and sd for LD Group	Means and sd for Control Group (n=18)	T value	Degrees of freedom	P
Occupations	0.8 (.103) (n=18)	0.1 (0.191)	12.50	26.	0.00**
Activities	0.8 (0.083) (n=18)	0.1 (0.181)	13.34	23.	0.00**
Traits	0.4 (0.133) (n=15)	0.03 (0.046)	9.4	16.	0.00**

** Significant at the p< 0.001 level.

Research question 2a: How do women with learning disabilities gender-type themselves?

Individual scores were calculated for participants in group one to determine self-endorsement of a selection of occupations, activities and traits (which included masculine, feminine, and neutral items). 'Self-endorsement' refers to the number of occupations participants said they would like to do, the number of activities they currently engage in, and the number of personality traits they said were characteristic of themselves. Table 5 shows gender-stereotyping ratings for each participant in group one, across all domains. Possible scores range from '0' (no self-endorsement) to '1' (maximum self-endorsement).

Related t-tests were used to investigate any significant differences between self-endorsement of masculine and feminine items for occupations, activities and traits. As shown in table 6 significant differences were found for all domains. Overall, therefore, group one expressed a wish to do more feminine occupations than masculine occupations, engaged in more feminine activities than masculine activities, and

considered more feminine personality traits to be characteristic of themselves, compared with masculine traits. The responses of two participants were excluded, as their comprehension of some of the trait items was in doubt.

Table 5. Individual self-endorsement ratings, group means and standard deviations (sd) for the learning disability sample.

Participant	Age	Occupations			Activities			Personality traits		
		M	F	N	M	F	N	M	F	N
1	41	0.2	0.8	0.8	0.3	0.4	0.2	0.3	0.9	1
2	42	0	0.2	0.4	0.1	0.5	0.4	0.4	0.9	0.8
3	60	0.3	0.6	0.8	0.1	0.5	0.6	0.4	0.8	0.6
4	58	0.4	0.5	1	0.2	0.7	0.6	0.4	0.8	1
5	41	0.2	0.5	0.4	0.1	0.8	0.6	0.6	0.5	0.6
6	45	0	0.4	0.2	0.1	0.8	0.4	0.1	0.7	0.4
7	32	0.6	0.8	0.6	0.3	0.3	0.4	0.5	0.9	0.8
8	37	0.4	0.5	1	0.2	0.7	0.8	0.5	0.6	0.8
9	28	0.1	0.4	0.2	0.1	0.6	1	0.4	0.8	0.4
10	22	0.9	1	1	0.6	1	0.4	-	-	-
11	40	0.5	0.8	0.4	0.4	0.8	1	0.6	0.9	1
12	62	0.2	0.8	0.6	0.2	0.8	1	-	-	-
13	42	0.1	0.6	0.2	0.2	0.8	0.8	0.5	0.9	0.4
14	63	0	0.4	0.2	0.1	0.4	0.2	0.1	0.2	0.8
15	37	0.4	1	0.8	0.4	0.9	1	0.8	0.8	1
16	26	0.5	0.7	0.8	0.3	0.5	0.6	0.3	0.4	0.2
17	28	0.3	0.8	1	0.3	0.6	0.8	0.4	0.7	0.8
18	27	0.1	0.3	0.4	0.1	0.3	0.2	0.2	0.8	0.4
Mean score for LD group		0.3	0.6	0.6	0.3	0.6	0.6	0.4	0.7	0.7
Standard deviation for LD group		0.240	0.243	0.307	0.441	0.209	0.287	0.184	0.275	0.263

Table 6. Means, standard deviations and statistical analysis of differences in self-endorsement of feminine and masculine items across all domains.

Self-endorsement of:	Means and sd for feminine Items	Means and sd for masculine items	T value	Degrees of freedom	p
Occupations	0.6 (.243) (n=18))	0.3 (0.240) (n=18)	5.46	17	0.00**
Activities	0.6 (0.209) (n=18)	0.3 (0.441) (n=18)	2.59	17	0.019*
Traits	0.7 (0.275) (n=16)	0.4 (0.184) (n=16)	5.80	15	0.00**

**Significant at the $p<0.001$

*Significant at the $p<0.05$

Table 7 presents selected feminine items from all three domains. Those selected include the four items from each domain which obtained the highest mean response from the group as a whole. In addition, the four items from each domain, which obtained the lowest mean group ratings, are presented. This attempts to give an indication of which feminine items were more, and less, likely to be self-endorsed by the learning disability sample overall.

Results indicate that 'a baby-sitter' was the most aspired to occupation. 'Baby-sitting' was the least engaged in activity. Overall, the traits which the sample considered characterised themselves most closely were 'having good manners' and 'trying to look good.'

Table 7. Selected feminine items, group mean responses and standard deviations (Possible scoring range 1-4. Higher scores indicate greater self-endorsement of feminine items).

	Occupation	Mean response (sd)	Activities	Mean response (sd)	Traits	Mean response (sd)
Most self-endorsed	Baby-sitter	3.8 (.428)	Set the table	3.3 (.752)	Has good manners	3.3 (1.283)
	Manicurist	3.4 (.850)	Go to the supermarket	3.3 (.958)	Tries to look good	3.3 (1.283)
	Florist	3.1 (1.211)	Vacuum a house	3.1 (1.023)	Affectionate	2.8 (1.517)
	Hair dresser	3.1 (1.231)	Wash the dishes	3.1 (1.079)	Sentimental	2.8 (1.465)
Least self-endorsed	Birth attendant	2.0 (1.188)	Baby-sit	1.7 (1.018)	Weak	1.8 (1.249)
	Telephone operator	2.1 (1.023)	Do aerobics/keep fit	1.9 (.998)	Complaining	2.1 (1.323)
	Dental assistant	2.1 (1.211)	Iron clothes	2.0 (1.237)	Charming	2.3 (1.455)
	Secretary	2.3 (1.188)	Wash clothes	2.4 (1.381)	Dependent	2.3 (1.320)

Research question 2b: Is there a difference in the way women with learning disabilities, and non-disabled women gender-type themselves?

Independent t-tests were carried out, to investigate whether any differences existed in the way women with learning disabilities and non-disabled women, gender-typed themselves, as measured by the OAT-PM. Table 8 shows that significant differences were found between groups for self-endorsement of feminine and neutral occupations, feminine activities and neutral traits. Results indicate therefore, that women with learning disabilities expressed a desire to 'do' more feminine and neutral occupations compared with the control group. In contrast, they were found to engage in feminine activities to a lesser extent than women in the control group. No significant differences were indicated for self-endorsement of masculine or feminine traits between groups, although women with learning disabilities tended to self-endorse more neutral traits, than non-disabled women.

Table 8. Means, standard deviations and statistical analysis of differences between groups, in gender-typing of the self.

	Means for LD Group	Means for control group (n=18)	T value	Degrees of freedom	P
OCCUPATIONS	(n=18)				
Masculine	0.3	0.3	.32	34	.748
Feminine	**0.6**	**0.2**	5.54	27	0.00**
Neutral	0.6	0.2	3.98	34	0.00**
ACTIVITIES	(n=18)				
Masculine	0.3	0.4	-.48	34	.634
Feminine	**0.6**	**0.8**	-2.22	25	.035*
Neutral	0.6	0.5	1.72	34	.094
TRAITS	(n=15)				
Masculine	0.4	0.4	-.27	32	.792
Feminine	**0.7**	**0.6**	1.62	22	.120
Neutral	0.7	0.5	2.66	32	.013*

** Significant at the $p<0.001$ level.

* Significant at the $p<0.05$ level.

Research question 3a: Is there a relationship between women with learning disabilities' gender-attitudes towards others, and gender-typing of the self?

Pearson correlations were computed to investigate whether there was any relationship between gender attitudes towards others and gender-typing of the self in women with learning disabilities, across all domains. As can be seen from table 9, no significant results were obtained.

Table 9. Correlations (Pearson's r) between Attitude and Personal measures in the learning disability group.

PERSONAL MEASURE (self-endorsement)	ATTITUDE MEASURE		
	Occupations	Activities	Traits
Occupation-masculine	0.0013 (p=.996)	-0.0671 (p=.791)	-0.3932 (p=.147)
Occupation-feminine	0.2271 (p=.365)	0.0049 (p=.985)	-0.0657 (p=.816)
Activities-masculine	0.0050 (p=.984)	0.4012 (p=.099)	0.2548 (p=.359)
Activities-feminine	0.4462 (p=.063)	0.0452 (p=.859)	0.0915 (p=.746)
Traits-masculine	-0.0055 (p=.984)	-0.0949 (p=.727)	-0.0427 (p=.880)
Traits-feminine	-0.1780 (p=.510)	0.0877 (p=.747)	0.3963 (p=.144)

Research question 3b: Is there a relationship between non-disabled women's gender-attitudes towards others, and gender-typing of the self?

Pearson correlations were computed to investigate whether there was any relationship between gender attitudes towards others and gender-typing of the self in non-disabled women, across all domains. As can be seen from table 10, there was a significant relationship between attitudes towards occupations and self-endorsement of feminine occupations ($r=-.5621$, $p<.05$). There was also a significant relationship between attitudes towards activities and self-endorsement of feminine activities ($r=-.927$, $p<.05$).

Table 10. Correlations (Pearson's r) between Attitude and Personal measures in the control group.

PERSONAL MEASURE (self-endorsement)	ATTITUDE MEASURE		
	Occupations	Activities	Traits
Occupation-masculine	-.1611 (p=.523)	-.3349 (p=.174)	.0387 (p=.879)
Occupation-feminine	-.5621* (p=.015)	-.3438 (p=.162)	-.2252 (p=.369)
Activities-masculine	0.3000 (p=.226)	0.0919 (p=.717)	.3956 (p=.104)
Activities-feminine	-.2761 (p=.267)	-.4927* (p=.038)	1.223 (p=.629)
Traits-masculine	0.1141 (p=.652)	-.0552 (p=.828)	-.0765 (p=.763)
Traits-feminine	0.0479 (p=.850)	.0157 (p=.951)	.0619 (p=.807)

* Significant at the $p<0.05$ level.

3.2 Part two

Part two presents results from the interviews on motherhood and childlessness. The emerging categories are presented in tables for each research question. The number of participants identifying each category are presented in brackets. Below the tables, the categories are briefly explained and exemplary quotes are provided. For questions 4. and 5a. exemplary quotes are provided for categories identified by more than one participant[4].

Research question 4: What beliefs do women with learning disabilities hold about motherhood?

Table 11 presents categories which emerged from participants' beliefs about motherhood. Responses were sorted into desirable and undesirable aspects of having children.

[4] Exemplary quotes for categories identified by one participant are presented in appendix 20.

Table 11. Identified categories related to beliefs about motherhood (n=6).

Desirable aspects of having children	Undesirable aspects of having children
Enjoyment and pleasure (6). Having a family (4) Fulfilment through nurturance (3). Physical affection (3) Ownership (3). Company (2). Expansion of self (1). Satisfaction of raising children (1). Joys of giving birth (1). Economic value (1).	Difficulties with discipline (5). Maternal worries (4). Financial considerations (3). Fears of an unhealthy child (3). Restrictions on leisure time (2). Breast-feeding (1).

Desirable aspects of having children

Enjoyment and pleasure

All participants considered motherhood to be a source of enjoyment and pleasure for some women.

> *"You have a nice pleasure at Christmas when they open their presents."*

Having a family

Having children as a means of establishing a family was commented on by four participants.

> *"I think it's very important to have children because they make a family. If you have children, it makes one big family, don't it."*

The importance of family life is suggested by this woman's comment and the notion of a large family appears to be perceived positively. Furthermore, children seem to be considered important for family "togetherness."

Fulfilment through nurturance

Three participants described motherhood as a way of providing women with an opportunity to nurture another person.

"You can brush their hairs and that...a lot of people have children, to care for them."

Traditional beliefs about the nurturing role and other family-related tasks were also evident:

"My niece said 'if I had a baby, my husband would have to look after it and I'd go out to work.' I said, that's not a very nice thing to say... the ladies are supposed to stay at home, do all the housework and look after the baby."

Here, the niece's rejection of the traditional female role, and the idea of the husband as the primary care-taker, were met with disapproval. This reinforces the cultural stereotype of the woman as nurturer and full-time homemaker, and would seem to indicate a negative attitude towards women who may have goals beyond motherhood.

Physical affection

Children were perceived, by some, to provide women with an opportunity for both giving and receiving affection.

"they cuddle each other don't they...you can tell 'em how much you love them."

Ownership

Motherhood was seen by some participants as a way of providing women with a sense of ownership over something.

"some ladies like them....you know being their own.....they'll be happy if they have children of their own."

Company.

Two participants reported that women have children for companionship.

"so that then they won't be on their own, if their husband has to go out to work."

Implicit within this comment is further evidence of traditional beliefs about the division of labour. However, the suggestion also seems to be that for women, this role may not be wholly fulfilling. The desire to 'have company' may reflect a belief that the role of housewife is fundamentally isolating. Alternatively, it may be suggestive of a belief that a woman's identity revolves around her relatedness with others.

Undesirable aspects of having children.

Difficulties with discipline.

Comments within this category highlighted the women's beliefs that children can be difficult to manage:

> *"some of them don't listen to their mother sometimes. They like to be .....er sort of naughty and they always seem to fight and argue."*

Maternal worries.

Worrying about the safety of children was identified by several women as a negative aspect of child-rearing:

> *"the wrong man is always not very clean and he's stinking of beer...they try and do something on you and it's not nice to try and have sex out on the street or in the woods...this is where it makes the parents worried over their children."*

Financial considerations.

The financial implications of raising children were identified by some participants.

> *"the cardigans and baby-grows and booties. They need money to buy em."*

Additionally, one participant alluded to the difficulties of juggling the dual role of mother and employee:

> *"It's alright some of it, but if they have to go out to work to earn money for them, I think it's really hard for the women."*

Fears of an unhealthy child.

Some participants reported that pregnant women may have fears about producing an unhealthy child:

> *"I think when they have a pregnancy they have to think if its gonna be alright or not...if they have a big heart and all that sort of thing."*

Restrictions on leisure time.

The idea that having children can restrict social and leisure time was evident:

> *" some women like to get a car and they like to go out more often in the evening with their husbands and they can't leave their children at home on their own."*

Research question 5a. What attributions do women with learning disabilities make for childlessness in non-disabled women?

Table 12 presents the emerging categories for question 5a. Categories were grouped under the headings of either '*intentional childlessness*' or '*barriers to motherhood.*'

Table 12. Identified categories related to beliefs about childlessness (n=6).

Intentional childlessness.	Barriers to motherhood.
Demands of parenting (4). Avoiding maternal worries about safety (4). Neglect/rejection of child (3). Avoiding risk of disabled child (2). Desire for independence (2). Reproductive freedom (1). Desire to work (1). Wish to remain single (1).	Illness (4). Infertility (3). Financial limitations (3). Ageing (2). Sexual difficulties (2). Lack of partner (2). Harm to children (2). Sexual orientation (1) Marital status (1). Miscarriage (1).

Intentional childlessness

Demands of parenting

This category emerged from participants' comments about the burden of parenting.

"some don't like having babies 'cos they can't sleep at night.....they start bawling in the night and you have to keep getting them a drink and getting them back to sleep."

Avoiding maternal worries about safety

Comments indicated that a desire to avoid the maternal worry of motherhood, may be a factor in women's decisions to remain childless.

"some of them think it may be best to have no children.....then nothing can go wrong with the child if they ain't got the children there."

Neglect/rejection of child

This category emerged from several comments that some women reject their children. Identified reasons for rejection included teenage pregnancies, cruelty, and having a child with a disability.

"some mums if they don't want it, leave it in a letterbox out in the cold if they've got stuff on their mind. She may feel it was a handicapped child. She may think it would be better off left to die off."

Avoiding risk of disabled child

The risk of producing a handicapped child emerged as a category.

"they can't take the risk of having a child when the child may be paralysed and they can't do nothing for their self.

The assumption is that mothers only want 'perfect' children, and that children with disabilities are an inevitable burden.

Desire for independence

A woman's desire to be independent was identified by two participants.

"they could go out when they wanted, please their self or do their own jobs when they wanted."

Barriers to motherhood

Illness

The category of illness emerged from participants' explanations for childlessness.

> *"cos they may have something wrong with their kidney or their heart.....or if they've got cancer."*

Infertility

This category emerged from participants' awareness that women may have difficulty conceiving.

> *"sometimes they have a like period or something.....and they can't have it."*

One participant demonstrated some degree of awareness of male causes of infertility, although a somewhat simplistic understanding was indicated.

> *"his willy might not have worked."*

Financial limitations

Implicit within this category is an awareness that some women are economically unable to have children.

> "cos they can't afford it really cos it's too much money."

Ageing

The notion of age as a barrier to motherhood is suggested by this category. Awareness of the links between age and the biological aspects of childbearing are also indicated.

> *"when the period stops... if it stops, you're getting old.....can't buy any more ST's they call em."*

Sexual difficulties

Two participants identified sexual difficulties emerged as a category.

"They can't have sex you know.....they want sex and urm..they get into bed together and they can't have sex."

Lack of partner

Two participants said that women can be prevented from having children if they are not in a relationship with a man.

"some women don't have children because some women don't have men to go out with."

Harm to children

This category emerged from comments about the vulnerable nature of children.

"someone might snatch em or something. If they have a child, a different father might snatch em."

<u>Research question 5b. What attributions are made for the childless status of women with learning disabilities?</u>

Table 13 presents the emerging categories for question 5b. Categories were grouped under the headings of either '*factors related to a disabled identity*' or '*external barriers to motherhood.*'

Table 13. Shows the identified categories related to beliefs about childlessness in women with learning disabilities (n=6).

Factors related to a disabled identity	External barriers to motherhood
Inability to look after/protect (5). Medicalisation (4). Lack of control (2) Communication difficulties (1). Legal reasons (1).	Financial limitations (1) Lack of partner (1) Unemployed status (1)

Factors related to a disabled identity

Inability to look after/protect

This category emerged from participants' comments that women with learning disabilities are inherently unable to look after/protect children.

> *"that means they can't cope with them. They send them to a convalescence home then...won't end up getting burnt if she ends up going out and leaving her indoors."*

The assumption here is that a child would be better placed in a long-term care setting rather than being parented by a mother with a learning disability.

Medicalisation

The category of medicalisation emerged from some participants' portrayal of women with learning disabilities as either diseased organisms (Wolfensberger, 1972).

> *"No they can't have children ...because they've got some illness haven't they."*

or as 'physically damaged.'

> *"they can't have children cos there's something wrong with their tummy...hole in their tummy or something."*

Lack of control

This category demonstrates an awareness of the powerful influence of others' beliefs about women with learning disabilities as unfit mothers.

> *"people with handicaps can't look after them. Well they can, but that's what people say."*

Communication difficulties

The category of communication difficulties was identified by one participant.

> *"people can't talk to 'em...like Wendy.....she always says hellooooo hellooooo... she doesn't know what hello means."*

Legal reasons

This category emerged from one participant's comment that women with learning disabilities are prevented from having children on legal grounds.

"I think it's sort of in the law."

Barriers to motherhood

Financial limitations

This category emerged from one participant's awareness of the economic circumstances of people with learning disabilities.

"they can't afford it really cos they got not much money."

Lack of partner

A lack of partner as a category was identified by one participant.

"cos they got no boyfriends I expect."

Unemployed status

One participant stated that women with learning disabilities tend to be unemployed:

"cos they don't work. People got to work to look after them."

Research question 5c. What attributions do women make for their own childless status?

Table 14 presents the emerging categories for question 5c. Categories were gouped under the headings of either '*factors related to a disabled identity*' or '*external barriers to motherhood.*'

Table 14. Shows the identified categories related to participants' beliefs about their own childlessness (n=6).

Factors related to a disabled identity.	Barriers to motherhood (not necessarily related to a learning disability).
Lack of control (5) Inability to cope (3). Risk of a disabled child (2) Sterilisation (1) 'Mental' age (1) Lack of partner (1)	Marital status (3) Financial limitations (2)

Factors related to a disabled identity

Lack of control

Many participants explained their childless status as being someone else's decision.

> *"I have thought of having children but my sister says no... .....it was her decision cos she said I wouldn't be able to have babies."*

Inability to cope

This category emerged from participants' perceptions of themselves as unable to cope with motherhood.

> *"I need someone to help me change nappies and feed them and take them out in crowds. I'd like to have children but I can't."*

and of others' perceptions of them as unable to cope:

> *" She says that if I have a child I can't carry it. She said you can't have children because they're a lot to carry."*

Risk of a disabled child

The risk of having a child with a disability, was identified by two participants.

> *"it would be very difficult for someone like me.....it would be a handicapped child.....should let the child grow up with an ordinary person...I would make her go deaf and dumb."*

This participant's reluctance to bear children stems from her assumption that she would not produce a healthy child. Her perception of herself as 'not being ordinary,' gives an indication of her beliefs about where she is positioned in relation to non-disabled women.

Sterilisation

Sterilisation as a category emerged from one participant's early experiences.

> *"I can't have them... I had an operation. When mum was still alive I had an operation...in the tummy.....to stop me having children."*

'Mental' age

This category describes an awareness of others' perceptions about people with learning disabilities as eternal children.

> *"some people think I'm too young. That I'm a young girl. I'm not too young really" (participant aged 41).*

Lack of partner

Lack of a partner was identified as a reason for childlessness. Being single was, however, clearly associated with having a learning disability. The restricted opportunities for women with learning disabilities to embark on sexual relationships is in evidence here:

> *"I'm not allowed boyfriends. It's what my dad said."*

External barriers to motherhood

Marital status

Being unmarried was identified by several participants as a barrier to motherhood.

> *"I could if I got married and that...picked the right one."*

Financial limitations

The reality of the economic dependence of women with learning disabilities was also identified.

"basically I'm not working and I not earning enough money to keep the child."

Research questions 6a and 6b. What are participants' perceptions of the psychological consequences of childlessness, in other women with and without learning disabilities?

Table 15 presents the categories emerging for questions 6a and 6b.

Table 15. Identified categories relating to participants' perceptions of the psychological consequences of childlessness, for others (n=6).

Women without learning disabilities	Women with learning disabilities
Loss and sadness (5) Loneliness and isolation (3). Anger (2) Stigma (1)	Loss and sadness (6) Loneliness and isolation (3). Anger (3) Stigma (2) Sense of injustice (2).

Loss and sadness

Sadness, as a category, was highlighted by several participants.

"they get sad and upset...feel inside their heart broken."

Loneliness and isolation

This category was identified as a consequence of childlessness.

"lonely especially if she's on her own and her husband goes to work and she ain't got nobody to talk to."

Anger

The category of anger was highlighted by participants as a psychological consequence of childlessness for both groups of women.

"I think they feel a bit angry and all that sort of thing."

Stigma

This category emerged from one participant's comments that women may experience childlessness as stigmatising.

"they feel a bit.....maybe a bit ashamed about why they can't have children."

One participant suggested that the negative consequences of childlessness for women with learning disabilities is exacerbated by their knowledge that having a learning disability is the reason for their childless status.

"very sad aren't they, I think, about not having children....sad they were born like that."

Sense of injustice

This category was identified for women with learning disabilities only and emerged from comments about the sense of unfairness which these women experience.

" they think... you know why can't I have children when others have got children?"

<u>Research question 7. How do participants experience being childless women?</u>

This section describes participants' own experiences of childlessness. Considerable overlap between themes were found for participants' accounts of their own childlessness and their perceptions of the experiences of others.

Table 16. Identified categories relating to the psychological consequences for participants of childlessness (n=6).

Participants' experiences of childlessness.
Loss and sadness (4) Sense of injustice (4) Stigma of learning disability (4) Envy (4) Fear of talking to others (4). Loneliness and isolation (4) Unfulfilled desire for ownership (3) Anger (3) Self-blame (2) Searching for an explanation (2)

Loss and sadness

This category describes the feelings of loss and sadness identified by participants.

> *"I feel quite a knot inside of me cos it makes my tummy upset all the time cos I can't have children."*

Sense of injustice

Several participants made reference to "unwanted children," suggesting the unfairness of their unfulfilled wish to become mothers.

> *"it makes me cry when I see unwanted children on the telly that don't get no food or nothing.....that's why I would like one of them, to help them out, I'd love it."*

Stigma of learning disability

This category emerged from several comments about non-disabled people's negative attitudes towards women with learning disabilities as mothers.

> *"she (carer) probably thinks I can't have a child to look after because if they have an accident I won't know what to do."*

Envy

For some participants it seemed difficult to deal with feelings of envy.

> *"if she brings her grandchildren round it makes me feel bad...Christmas and Easter time is bad. I think Oh she's got children and is looking after them."*

Fears of talking to others

Several participants reported fears about sharing their feelings with others.

> *"I keep it all inside. Shouldn't really but I frightened to tell staff here. I am really. I can't get it off my chest. I want to but I can't."*

Loneliness and isolation

This category described the loneliness experienced by participants.

> *"It make me feel a bit lonely at the moment.....I ain't got no proper friend to talk to."*

Unfulfilled desire for ownership

This category described some participants' wishes to have children and fulfil the role of mother.

> *"I'd like to have a child of me own instead of having other people's kids and that. I'd like to be a mum of me own."*

Anger

The category of anger was identified by three participants.

> *" I feel angry."*

Self-blame

This category emerged from some participants' internal attributions for their childless status.

> *"it's my fault init.....I might drop em or swear at em."*

Searching for an explanation

The confusion and ongoing need to understand why they are unable to have children was illustrated by this category.

"I say to my sister why has she got children...when we're on our own I say why can't I have kids?"

Research question 8. What beliefs are held by participants, about the way in which women with learning disabilities and non-disabled women, cope with their childless status?

Table 17. presents the emerging categories for question 8. Categories were grouped under the headings of '*active coping,*' '*behavioural disengagement*' or '*emotion-focused coping.*' Active coping refers to the process of taking active steps to try to remove the stressor, or ameliorate its effects (Carver, Scheier and Weintraub, 1989). Behavioural disengagement refers to forms of coping, which include reducing one's efforts to deal with the stressor. Emotion-focused coping refers to the tendency to focus on one's distress and to ventilate those feelings (Scheff, 1979).

Table 17. Identified categories relating to beliefs about coping in women with learning disabilities and non-disabled women (n=6).

	Women without learning disabilities	Women with learning disabilities
Active coping	Seeking support for instrumental reasons (2). Fostering/adoption (2). Seeking medical help (3).	
Behavioural disengagement		Withdrawal (4)
Emotion-focused coping	Seeking social support for emotional reasons (3).	Venting of emotion (3).

Active coping

Responses indicated that only women without learning disabilities were considered to use active coping strategies.

Seeking support for instrumental reasons

This category referred to support aimed at providing assistance or information.

> *"they go and talk to someone if they're upset, I expect they do."*

This comment indicates the participant's awareness of the potential support that is available to other women.

Fostering/adoption

This category emerged from comments that women have the option of adopting and/or fostering a child:

> *"They could go to a special place like the convalescence home where a young child is...and she could adopt that child to a foster child."*

Seeking medical help

Several participants identified seeking medical help as a direct form of action available for non-disabled women.

> *"they go to the doctor.....to examine them to see if they're alright and that...to see if their body's alright."*

Behavioural disengagement

Only women with learning disabilities were considered to use behavioural disengagement as a coping strategy.

Withdrawal

This category emerged from comments that women with learning disabilities withdraw from others and do not talk about the way they feel.

> *"They sit there so quietly and they don't say nothing."*

Emotion-focused coping

Both non-disabled women and women with learning disabilities were considered to employ emotion-focused coping strategies. However, qualitative differences were identified between the two.

Seeking social support for emotional reasons

This category emerged from comments that women without learning disabilities may seek sympathy and understanding from significant others:

"see friends to help her."

Venting of emotions

This category was considered to describe the coping style of women with learning disabilities.

"they get upset when they can't have a child. They cry and cry sometimes."

Research question 9. How do participants cope with being childless women?

Table 18 presents the emerging categories for question 9. Categories were grouped under the headings of '*active coping*', '*emotion-focused coping*', '*behavioural disengagement*' or '*denial.*'

Table 18. Identified categories related to participants' styles of coping (n=6).

Participants' coping styles.	
Active coping	Seeking support for instrumental reasons (1)
Behavioural disengagement	Withdrawal (4) Internalisation of emotion (4)
Emotion-focused coping	Venting of emotions alone (4)
Denial	Hoping/wishing for a child (2).

Active coping

Seeking support for instrumental reasons

This category referred to seeking support which is aimed at providing assistance or information.

> *"I talk to my sister, I say why has she got children?"*

Behavioural disengagement

Withdrawal

Four participants reported withdrawing from painful situations involving children:

> *"I'd like to say you can't bring children round to my house, but I'd be rude...I get so upset, I go to my room."*

Internalisation of emotion

Internalisation of emotion was a category that emerged from participants' accounts:

> *"I have to try and cope with these feelings on my own."*

Emotion-focused coping

Venting of emotions alone.

Focusing on and venting their distress was a coping strategy identified by some of the participants:

> *"I sit at home alone crying sometimes at other people having babies. Cos I'd like one."*

Denial

Hoping/wishing for a child

This category emerged from two participants' hopes of having children.

> *"I will get married and have children in the future." (age 41).*

Chapter 4: Discussion

4.1 Outline

Results from parts one and two will be discussed, followed by a consideration of the theoretical implications. Both methodological and ethical issues will then be highlighted. Clinical implications and suggestions for further research will follow. Finally, some of the technical and ethical issues, which arose from conducting research of a socially sensitive nature, will be explored.

4.2 General findings from part one

4.2.1 Gender attitudes held by women with learning disabilities

Overall, women with learning disabilities (group one) expressed stereotypic attitudes towards the appropriateness of certain occupations and activities, for men and women.

All ten occupational items, classified as stereotypically masculine by the QAT-AM were considered by the majority of group one to be most suitable for men. Of the ten occupational items classified as stereotypically feminine, eight were considered by the majority of group one to be most suitable for women. The occupations of interior decorator/designer and hairdresser were the two feminine items that were not considered to be more appropriate for women. The first of these was considered by many in group one to be suitable for men only. Whilst this may be a true representation of their attitudes towards this occupation, it is also possible that the item was not fully understood. More than half of group one expressed a belief that hairdressing was appropriate for both men and women, thus demonstrating egalitarian attitudes towards this occupation.

A similar response pattern was found for gender-attitudes towards activities. Of the ten activity items classified as stereotypically masculine, eight were considered by most to be more suitable for men. Similarly, eight of the ten feminine activity items were considered by the majority of group one to be most appropriate for women.

Interestingly, attitudes towards traits were considerably less gender stereotypic. Of the ten trait items classified as stereotypically masculine, only three were considered by most of group one to be more attributable to men. Two of these ('good at sport' and 'enjoys sport') would seem to indicate an internalised traditional view of men as 'athletic,' and is supported by one participant's qualifying comments:

"I'm not putting women down, but men have got longer legs and are faster."

'Strong' was also generally considered to be more appropriately characteristic of men. There was a tendency however for this item to be interpreted in terms of physical strength

as opposed to emotional strength. This may have influenced response patterns. Overall, the trait of 'independence' was not perceived to be an attribute, which was more appropriate for men. It is possible that this reflects a conscious rejection of the stereotypical view of man as independent, and woman as dependent. Alternatively, it may be representative of the socialisation paths of women with learning disabilities. As noted earlier, the learning disability culture promotes autonomy and independence, for both men and women (Clements et al., 1995). Consequently, their conceptualisation of 'independence' may have been more closely associated with this dominant philosophy, rather than mainstream cultural norms.

Of the ten trait items classified as stereotypically feminine, only two were considered by most participants in group one, to be more appropriate for women, for example, 'cries a lot' and 'complaining.' Greater variability in attitudes were found for the remaining trait items. Approximately half of the group stated that only women should be emotional, gentle, and should try to look good. The remaining half considered they were equally appropriate attributes of men and women.

4.2.2 A comparison between groups

Results indicated that differences in attitudes between groups were statistically significant at the $p<0.001$ level, across all domains. Specifically, women with learning disabilities held significantly less flexible attitudes towards gender than the non-disabled women. Explanations for these differences remain speculative, although several hypotheses are suggested. Firstly, the differences may be a function of a sample bias in the control group. Snowball sampling was used to recruit the non-disabled women, whereby several individuals were initially identified, and then used to identify other potential participants. It is possible then that the women identified other women who were similar to

themselves, and who were therefore likely to hold similar attitudes (non-traditional) towards gender.

Secondly, the findings may reflect real differences in the life experiences of both groups of women. The stereotypical attitudes held by women with learning disabilities would seem to reflect their endorsement of rigidly prescribed gender roles. It could be hypothesised that in contrast to non-disabled women, who may have experienced the costs of sexual inequality, women with learning disabilities have generally been excluded from typical women's roles and therefore attach great importance to them.

Thirdly, findings may reflect a confounding of gender constructs in the learning disability sample. The present study aimed to examine attitudes towards cultural stereotypes as opposed to knowledge of cultural stereotypes. The former is assessed when individuals are asked '*who can/or who should*?' undertake a particular role. The latter is assessed when individuals are asked to identify '*who usually*' undertakes a particular role. The abstract difference between these two constructs may present a difficulty for people with learning disabilities.

The risk of this bias was reduced, however, since cross-questioning techniques were employed to check the validity of responses. Research has indicated that people can deal with abstract concepts providing their understanding is assessed (Sternfert-Kroese, 1997). Furthermore, qualitative comments suggested that in many cases attitudes towards cultural stereotypes were the same as their knowledge of cultural stereotypes. This is illustrated by a quote from one participant in her consideration of who should be a mechanic:

" I think it's more of a man's job."

(knowledge of cultural stereotype).

"men should be car mechanics, cos they suit mechanical things."

(attitude towards cultural stereotype).

Both women with learning disabilities and non-disabled women held less stereotypic attitudes towards traits. This finding supports previous research by Bigler et al., (1997) that men and women's attitudes towards traits were more egalitarian compared with attitudes towards occupations and activities. This may indicate that all participants in the present study were less likely to differentiate between men and women with respect to traits. Alternatively, it may be indicative of a response bias, since the traits sub-scale employs less concrete concepts, than the occupations and activities sub-scales. It is possible therefore, that greater variation existed in participants' interpretations of trait items.

Correlational data from the study produced mixed results. Non-disabled women's attitudes towards occupations and activities were found to be related. In contrast, no significant relationships were found between the attitudes held by women with learning disabilities across domains. Overall therefore, little support was found for Bem's (1981) claim that gender schemata consist of highly related constructs. Alternatively, these findings may be a result of the small sample size and/or the insensitivity of the measure.

4.2.3 Women's gender identities

Women with learning disabilities tended to express a desire to 'do' significantly more feminine occupations than non-disabled women. This may reflect a desire to identify with a female role, which is ordinarily inaccessible to them. An interesting finding was that 'baby-sitting' was the occupation which women with learning disabilities aspired to most. This may be indicative of their belief that caring for children is the ultimate female role. It may also reflect their knowledge that they are unlikely to have children of their own (Williams, 1992) and therefore baby-sitting is considered the 'next best thing.' Alternatively, baby-sitting may be perceived by women with learning disabilities as a means of being freed from the role of dependent recipient.

Women with learning disabilities tended to self-endorse significantly more feminine activities than masculine activities, thus suggesting their engagement in activities is organised along traditional gender lines. However, they engaged in less feminine activities than non-disabled women. This may be because people with learning disabilities are more likely to experience a lack of control over their environments (Black et al., 1997). Indeed, many of the women's comments indicated the limited opportunities they had for certain activities e.g.

"mum does all the cooking - I've never touched a cooker at all." (aged 32).

4.2.4 Attitudes towards others and the self

Overall, the findings seem to provide some support for the multi-factorial nature of gender schemata espoused by Spence (1993). This is suggested by the finding that self-endorsement of items was not systematically related to the expression of gender attitudes toward others, in either group of women. In the non-disabled sample, correlational data

indicated that women held non-stereotypic attitudes toward others in relation to both occupations and activities, whilst self-endorsing more feminine items for both these domains.

4.3 General findings from part two

4.3.1 Beliefs about motherhood

Many of the motivations for motherhood, elicited by participants, supported previous research in this area (e.g. Leifer, 1977). This suggests that participants were aware of issues pertaining to other women. Furthermore, a balanced perspective on motherhood was ascertained, incorporating both negative and positive aspects of having children. Firstly, this supports extant literature which has found women to have varied and mixed motivations concerning motherhood. Secondly, participants did not hold an idealised view of motherhood for other women but had a realistic notion of the potential difficulties involved.

4.3.2 Attributions for childlessness

Almost half of the attributions elicited to explain childlessness in non-disabled women were categorised as 'intentional.' These attributions closely resembled previous findings, which emerged out of Pohlman's (1970) review of intentional childlessness in women. Perhaps, the most important implication of this finding, is that motherhood was perceived to be an option, rather than a mandate for other women. Implicit within this belief is the notion of choice, and an assumption that other women have autonomy over the way they conduct their lives.

In contrast, none of the attributions elicited for childlessness in women with learning disabilities or for participants themselves were categorised as intentional. The most commonly reported explanation for participants' own childlessness was a 'lack of control.' Indeed, five participants stated that their childless status was someone else's decision. This highlights the perceived (or real) power of others, and suggests an awareness, that others hold negative evaluations of their capacity to be mothers.

In summary, results would seem to suggest that the ability to choose and to have control over one's reproductive decisions, is a fundamental way in which participants perceived their identity as women, to differ from non-disabled women. This is perhaps unremarkable since people with learning disabilities are often denied choices, which others perceive to be basic rights. However, these findings indicate that women are aware of these differences, and are capable of articulating the fundamental discrepancies in the quality of their lives.

Participants also demonstrated knowledge of unintentional childlessness. The majority of attributions categorised in this way were however elicited for non-disabled women only. Some of these included: miscarriage, sexual orientation, infertility and sexual difficulties. Implicit within all these categories is an awareness of women's sexuality. Interestingly, these categories were absent for women with learning disabilities and participants themselves. Sexuality may therefore be another way in which participants perceived their identity as women to differ from non-disabled women. This is not to suggest that women with learning disabilities do not perceive themselves as sexual beings. Instead, it may indicate knowledge of society's categorisation of them as asexual (Dossa, 1992) or indicate the reality that opportunities for sexual relationships are limited.

The concept of 'medicalisation' emerged as a salient attribution for childlessness in other women with learning disabilities. Indeed, four participants described women with learning disabilities as ill, or as having a damaged body. This depicts a view of people with learning disabilities as 'diseased organisms' (Wolfensberger, 1972) and suggests that people with learning disabilities may themselves pass on that 'contamination.' Interestingly, the category of 'medicalisation' did not emerge in participants' accounts of their own childlessness. Perhaps this distancing of the self from other women with learning disabilities reflects an attempt to deny their categorisation within this social group.

4.3.3 The psychological consequences of childlessness

Participants' experiences of being childless were closely associated with available literature surrounding loss (e.g. Worden, 1991) and women's infertility (Menning, 1977). This may suggest that some commonalities exist between different groups of women, in their responses to the loss of the motherhood role. Few differences were found between participants' own experiences and their perceptions of other non-disabled women's experiences. It could, therefore, be hypothesised that in relation to the psychological consequences of childlessness, participants positioned themselves closely alongside non-disabled women.

4.3.4 Coping styles

Withdrawal and internalisation of emotions were primary ways in which participants reported coping with their feelings. Firstly, this suggests that participants' emotional difficulties go unrecognised, and that they deal with this process alone. This supports the observation by Brown (1996) that women with learning disabilities are left to articulate

their feelings in a vacuum. Secondly, losses unrecognised by others, are more complicated to integrate psychologically than obvious and observable ones (Schneider, 1984). Thirdly, this form of coping is associated with learned helplessness (Carver et al., 1989) which is a potential aetiological factor in depression (Abramson, Seligman and Teasdale, 1978).

Emotion-focused coping was considered by participants to be employed by both non-disabled women and women with learning disabilities. However, non-disabled women were perceived to cope by seeking emotional support from others. Women with learning disabilities were perceived to focus on, and vent their emotions alone. Furthermore, four participants described their employment of this latter style of coping in response to emotional distress. Perceived 'availability of support' may therefore be another way in which women with learning disabilities see themselves as different from non-disabled women. It is unsurprising that this form of coping was not identified for participants themselves, given that many social environments for people with learning disabilities, are characterised by 'social emptiness,' and limited social relationships (Clegg, 1993).

4.4 Theoretical implications

The relationship between gender and mental health was mentioned earlier in the introduction. The present study did not aim to address this link directly, although several theoretical implications seem worthy of note. Firstly, mainstream literature indicates that feminine typed women have been noted to express greater depression compared with masculine typed women (Oliver and Toner, 1990). The degree to which this has relevance for women with learning disabilities is not known. However, findings from the present study would seem to suggest that some women with learning disabilities strive to

identify with a feminine identity, perhaps in a bid to achieve normality. It could be hypothesised that for these women, being 'feminine-typed' may be associated with greater psychological well-being, as it affords them an alternative to their disabled identity.

Overall, women with learning disabilities aspired to traditional female, rather than male, roles. However, few such roles are available to these women. As noted in the introduction, the social-conflict model of gender role influence suggests that gender roles can diminish psychological well-being by creating conflict between personal beliefs about appropriate roles, and the actual demands of a person's life (Grimmell and Stern, 1992). What are the implications then for these women, of being excluded from typical women's roles?

Motherhood provides a useful example, since it is considered to be a role which assumes a particular significance for women with learning disabilities (Young et al., 1997) but which is frequently denied. The social-conflict model would suggest that women who equate femininity with motherhood, and are prevented from achieving this role, may suffer harmful consequences. This hypothesis was borne out to some extent in the present study, by five of the women who clearly described emotional difficulties as a consequence of being unable to achieve the role of mother.

4.5 Methodological considerations, limitations and ethics

4.5.1 Recruiting participants

Recruitment of women with learning disabilities was done through key-workers. At the outset of the study this process was considered to have several advantages (see method).

However, in retrospect, key-workers were selective about which service users they considered appropriate for inclusion. This, therefore, introduced a selection bias into the study. Secondly, this process raised ethical concerns since not all service users were given the opportunity to take part.

4.5.2 The screening interview and ethics

1. Informed consent

The consent procedure was useful to a degree. However, McCarthy (1998) argues it is "one thing to consent to the face-to-face aspects of research, and quite another to consent to the hidden aspects of research" (p.143) i.e. the researcher going away with the data, analysing it, drawing conclusions, writing a report and informing others. At the outset of the present study, many women were unfamiliar with the word 'research.' Similarly, despite explaining the examination process and related details, it is likely the women had only a partial understanding. It could be argued, therefore, that informed consent was not fully obtained. However, it is important to acknowledge that the 'hidden aspects' of research will inevitably be difficult to comprehend for some people with learning disabilities.

Furthermore, it has been suggested that some people with learning disabilities are not in a position to give informed consent, and that ethical practice needs to develop in the absence of this (Stalker, 1998). This is undoubtedly controversial, however, excluding people due to cognitive impairment, when they clearly wish to participate could be construed as unethical. In the present study, one woman was excluded because she was unable to demonstrate informed consent. However, as well as showing an interest in taking part, her comments suggested she had something valuable to offer:

"Men can't clean a bloody cup, let alone look after babies"

A further ethical dilemma emerged from the consent process. Three participants, who were unable to demonstrate informed consent, had expectations of meeting for a second time, as they had been informed by key-workers. Consequently, to prevent these women from feeling excluded, or feeling that they had failed in some way, the researcher met with them for a second session and used the time in the way they chose.

2. Confidentiality

It has been noted that researchers who interview people about relatively safe topics can find themselves in difficulty over confidentiality (McCarthy, 1998). At the outset of the present study, participants were assured of confidentiality, unless there was evidence that someone was hurting them in some way. However, in practice, defining "being hurt" was difficult, as many participants recounted unhappy stories relating to their current accommodation, or relationships with significant others. Confidentiality was upheld in all cases, unless participants requested otherwise. However, maintaining confidentiality did have an emotional cost, as it meant carrying the burden of many accounts of distress, disempowerment, and stigma, to name but a few.

3. Acquiescence.

No participants demonstrated acquiescent responses to the acquiescent assessment. This could be considered to have strengthened the validity of participants' wishes to participate. It is important to be cautious of this inference however, since the tendency to acquiesce may be related to specific test items. It is possible that participants felt able to

say they were not married and that they did not attend the day centre at weekends (the two acquiescent items). However, they may still have felt pressured to agree to participate in the research, because of the perceived difference in status between participant and interviewer (Heal and Sigelman, 1995). Such risks are not however confined solely to research activity with people with learning disabilities.

4.5.3 Measuring gender

The OAT-AM/PM seemed to be a useful tool for assessing gender schemata in people with learning disabilities, using pictorial aids and a conversational format. However, several limitations need to be borne in mind. Firstly, the measure had not been empirically validated for an English population or for people with learning disabilities. Secondly, the numbers of participants employed in the study were small, and therefore it is unclear how far the results are generalisable to other women with learning disabilities.

4.5.4 Issues of reliability and validity pertaining to the research interviews

Auditability

The criteria for auditability was met to the extent that the process of the research activity was made explicit by describing the steps involved in the analysis of interview material. Furthermore, the researcher exposed the analysis, interpretations and conclusions to a supervisor on a continuous basis.

Member validation

This measure of validity has been questioned on the grounds that participants may perceive a power imbalance between themselves and the researcher, thus inhibiting them from challenging the researcher's account (e.g. Silverman, 1993). It could be argued that

this risk is greater in research with people with learning disabilities, given that they are not used to having control over their own lives. However the researcher's experiences suggested that women with learning disabilities were able to clarify, and indeed refute, aspects of the interview summaries, which were verbally presented to them. This suggests that if time is spent building rapport, and a genuine attempt is made to encourage people with learning disabilities to articulate their views, then qualitative research interviews are a valid methodology.

Generativity

This concept assesses the value of research in terms of its ability to generate further questions. Despite the small number of participants in this study, the research has raised many more questions and has led to the suggestion of several clinical implications.

Representativeness

Qualitative research does not aim to recruit large numbers of participants but rather seeks to uncover meaning and subjective experience. This, however, has implications for the generalisability of research findings. Many pitfalls in qualitative research are said to be related to 'representativeness' being assumed when, in fact, it is suspect (Nisbett and Ross, 1980). This criticism could be applied in the present study since care staff had a central role in deciding who was appropriate or not to take part, thus incorporating a bias into the selection process.

Rhetorical power

This concept is primarily evaluated by the reader, and refers to what extent the ideas presented can be said to provide a credible account of the women's subjective beliefs and

experiences. Analysis of the material was supervised by a clinician in the learning disability field. Furthermore, the similarities between experiences of women with learning disabilities and research on non-disabled women's experiences could be said to add support to the meanings uncovered.

4.6 Clinical and service implications

Gender does not seem to be an irrelevancy in the lives of women with learning disabilities. It is important therefore that we work towards making gender visible for these women (Burns, 1998). Accordingly, several implications for change, at both clinical and service levels, are suggested.

Social roles

The findings would seem to highlight the importance of feminine social roles for some women with learning disabilities. It is hoped this will encourage service providers to consider whether they are unwittingly failing to support women they work with in typical women's roles, thus denying them a valuable sense of self-worth. This is not to say however that all women with learning disabilities seek to adopt such roles. Consequently it is vital that an individualised approach is employed.

Equity of services

This study has served to highlight the potential distress which may result from women with learning disabilities being denied access to important female roles, for example, mother. However, the impact of being 'role-less' is generally disregarded and therefore resulting mental health problems may go unrecognised. Caine and Hatton (1998) have argued that there is an absence of adequate referral systems to mental health services for

people with learning disabilities. In contrast to non-disabled people, women with learning disabilities do not generally get referred to mental health services when they have problems fulfilling social roles (Goldberg and Huxley, 1980). It is therefore important that we begin to recognise the potential impact of gender roles on mental health, if we aim to create equitable services for women (and men) with learning disabilities.

Understanding mental health

The present findings would seem to support the hypothesis espoused by Burns (1998) that seeing through a gendered lens would enable the understanding of some otherwise 'inexplicable' behaviours. It is important, therefore, that clinicians consider gender as an important variable, in formulating the distress presented by women with learning disabilities.

It has been argued that assessing mental health problems in people with learning disabilities may be difficult because some are able to give little information about their mental state (Moss, 1995). Furthermore, many experience difficulties in describing emotional states (Prosser and Bromley 1998). Findings from the present study would suggest that women with learning disabilities are not generally used to talking about their distress with others, and fear negative consequences about sharing their feelings. It is important then that women's fears about disclosing distress are acknowledged, and that time is given to providing a safe environment which facilitates these women to be heard. This may have significant implications for the assessment of mental health problems in this population.

Coping styles

Findings suggested that women with learning disabilities tended to deal with their distress in isolation, as it is often not validated by others. Firstly, in denying their distress, we may encourage the development of unhelpful coping styles, which in turn may have implications for mental health problems. Secondly, low levels of social support have been found to be associated with depression in people with mild learning disabilities (Reiss and Benson, 1985). There is a great need therefore, for care staff in learning disability services to recognise both women's isolation and psychological distress, and to provide the emotional support which is so often denied. Furthermore, clinicians need to assess the coping styles employed by women with learning disabilities when formulating psychological distress. Facilitating the development of alternative, more adaptive ways of coping with their distress would seem to be a vital role.

Training

Given the important role that both residential and day services play in the lives of people with learning disabilities, it is important that they are equipped to recognise and respond to the potential ways in which gender issues may impact on the people they work with. A need for gender-awareness training, therefore, seems of paramount importance, so that both service philosophy and service provision can be more adequately informed by gender issues.

4.7 Further research

The following implications for further research in this area have emerged from the present study. Firstly, research is needed to examine the impact of other women's issues, and life events on women with learning disabilities. Secondly, there is a need for research

to explore gender issues in men with learning disabilities. Thirdly, it may be useful for future research to examine the impact of individuals' socialisation experiences on gender related phenomena. Fourthly, research is required to assess the influence of gender roles on mental health in people with learning disabilities. It may also be useful to assess gender phenomena, on an individual basis, which aims to explore personal perspectives rather than aggregate views. Finally, there is a need for researchers to develop creative research methods in order to include people with more severe learning disabilities and communication difficulties, in research activity.

4.8 Issues arising from 'sensitive' research

Technical problems

Gaining access to participants is often difficult in research on sensitive topics (Lee, 1993). In the present study, this difficulty was further exacerbated, when attempting to conduct 'sensitive' research with women with learning disabilities. In the service structures within which many people with learning disabilities are involved, there exists a hierarchy of consent (Dingwall, 1980). In such a hierarchy, it is assumed that decisions about whether research activity is permitted are made at a management level. In practice, this means convincing management of the potential benefits of the research, which in the present study was a lengthy process.

Ethical issues

The central difficulty with access in the present study stemmed from the assumption that the research would cause distress. Firstly, this assumption was not borne out in evidence. In fact, the researcher's experience was that all women found the process enjoyable and empowering. Secondly, implicit within the assumption was that no distress around these

issues already existed. On the contrary, evidence suggested that the women were aware of many losses and had experienced emotional difficulties as a consequence. The unfounded assumption that distress did not exist, served to reinforce the invisibility of their grief. Thirdly, fears about the research culminating in distress would seem to suggest that distress is negative, and that it should not be uncovered. This can only serve to encourage the internalisation of emotions, thus reinforcing unhelpful coping styles. Fourthly, the assumption is that women with learning disabilities would be incapable of managing any distress themselves. This again was not borne out in evidence. Many women described difficult emotional histories which they had been forced to cope with in isolation.

The decisions made on behalf of women with learning disabilities raised several ethical concerns. The women themselves were last to be consulted about the research. Many women were denied the opportunity to be informed at all. Despite the good intentions which may have underpinned such a process, it highlighted a conflict between autonomy and paternalism. Undoubtedly, it is important that people are protected from unethical practice (Miliken, 1993). However, there is a danger in assuming too much incompetence, thus excluding people with learning disabilities from research activity. Consequently, the principle of non-maleficience (duty not to expose others to harm) can further disempower a group of people who have a history of reduced opportunities and paternalistic treatment by others.

Chapter 5: Conclusion

This research aimed to investigate whether women with learning disabilities view both others and themselves through a gendered lens. Results suggested that gender was an

important criterion for endorsing or rejecting certain roles and attributes, for others and themselves.

The research also aimed to focus on one traditional female role, in some detail. Consequently, women's perceptions about the role of mother, and their beliefs and experiences of childlessness were explored. This served to firstly highlight the distress which may be experienced by the loss of this important role. Secondly, it highlighted ways in which women with learning disabilities position themselves in relation to other women. Thirdly, valuable insights were gained into the coping styles employed by these women.

It is concluded that gender is an important variable in the lives of women with learning disabilities. Furthermore, it is considered that the study of gender may contribute significantly to our understanding of their psychological distress. Importantly, the research has led to a number of implications for change, at both service and clinical levels, which it is hoped will go some way to improving the quality of service provision for people with learning disabilities.

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LIST OF APPENDICES

Appendix 1

26 November 1998

Ms C Gratton
22 Station Road
Preston Park
BRIGHTON
BN1 6SF

Our ref:

Direct line:
Fax:
Minicom:

Dear Ms Gratton

Study title: **Gender Role Beliefs and the Self-Perception of Women with Learning Disabilities: Meanings of Motherhood and Attributions for Childlessness**

The above study was reviewed by the Research Ethics Committee, under their Chairman, at the meeting on 25 November 1998.

The study was approved.

It would be appreciated if, on its conclusion, you could supply a brief report to the Committee of your findings and conclusions.

Yours sincerely

(Mrs)
Ethics Committee Administrator

Appendix 2

Mr

Caroline Gratton
Psychologist in Clinical Training
22 Station Road, Preston Park
Brighton
BN1 6SF.

12th February 1999.

Dear

The following report contains a summary of the issues raised in the meeting on Wednesday 10th February, and attempts to respond to the concerns expressed, as requested.

1. Managing distress
Concerns were raised about how any distress resulting from the research will be dealt with. The following provisions will be made:

- Any signs of distress will be responded to immediately. It will be made clear to participants that they are free to stop the interview and withdraw from the research.
- A debriefing process will take place after both phases of the research. This means that participants will have space to reflect on how they are feeling and will have chance to say if they feel they need further help.
- Participants will be able to contact me at any time during and after the research process and I will ensure they are facilitated to do this.
- If participants require professional input, they can be referred to the psychology service for appropriate help. Dr. who provides clinical input to Trust, has agreed to respond quickly to all eight participants, should the need arise.

2. Informing families
Concerns were raised that conducting the research could potentially create anger and/or distress within families. Consequently, it was agreed that although consent from the family was not required, an information sheet briefly outlining the aims of the study was necessary to inform families of participants' involvement.

3. Disclosure
Concerns were raised that participants may disclose experiences of abuse during the research process. Confirmation of how this would be dealt with was requested. The following procedures will be followed.

- Any disclosure of abuse or risk of abuse, will be shared with my supervisor, Dr. and advice will be sought on the most appropriate course of action.
- An assessment of the "balance of risk" will be undertaken in accordance with Social Services operational policy and Professional Practice Guidelines (DCP, BPS, 1995).

4. Dissemination of the research

Issues relating to how the findings would be disseminated were raised. It was agreed that a copy of the research would be sent to the relevant services after completion.

I hope this addresses all the concerns raised. Please let me know if I have missed anything.

Thank you for all your help

Yours sincerely

Caroline Gratton
Psychologist in Clinical Training

Appendix 3

VAT - I'M (PERSONAL MEASURE)

WHAT I WANT TO BE

Here is a list of jobs that people can do. Please circle the number that shows how much you would want to do each of these jobs.

HOW MUCH WOULD YOU WANT TO:

	Not At All	Not Much	Some	Very Much
1. Be an airline pilot	1	2	3	4
2. Be an artist	1	2	3	4
3. Be a telephone operator	1	2	3	4
4. Be a cook in a restaurant	1	2	3	4
5. Be a babysitter	1	2	3	4
6. Be a secretary	1	2	3	4
7. Be a supermarket owner	1	2	3	4
8. Be a nurse	1	2	3	4
9. Be a writer	1	2	3	4
10. Be a factory owner	1	2	3	4
11. Be a hair stylist	1	2	3	4
12. Be a builder	1	2	3	4
13. Be an engineer	1	2	3	4
14. Be a baker	1	2	3	4
15. Be a police officer	1	2	3	4
16. Be an architect	1	2	3	4
17. Be a comedian	1	2	3	4
18. Be a dental assistant	1	2	3	4
19. Be a ship captain	1	2	3	4
20. Be an florist	1	2	3	4
21. Be a landscape gardener	1	2	3	4

HOW MUCH WOULD YOU WANT TO:

	Not At All	Not Much	Some	Very Much
22. Be a manicurist	1	2	3	4
23. Be a birth attendant / helper.	1	2	3	4
24. Be a dietician	1	2	3	4
25. Be an astronomer	1	2	3	4

WHAT I DO IN MY FREE TIME

Here is a list of activities that people do. Please circle the number that shows how often you do each of these activities.

HOW OFTEN DO YOU:	Never	Rarely	Sometimes	Often or Very Often
1. Wash the dishes	1	2	3	4
2. Iron clothes	1	2	3	4
3. Go bowling	1	2	3	4
4. Vacuum a house	1	2	3	4
5. Go fishing	1	2	3	4
6. Go to the beach	1	2	3	4
7. Wash clothes	1	2	3	4
8. Build with tools	1	2	3	4
9. Cook dinner	1	2	3	4
10. Play cards	1	2	3	4
11. Play pool	1	2	3	4
12. Wash a car	1	2	3	4
13. Ride a motorbike/go to speedway	1	2	3	4
14. Set the table	1	2	3	4
15. Go to the cinema	1	2	3	4
16. Play darts	1	2	3	4
17. Do aerobics	1	2	3	4
18. Watch crime/detective shows	1	2	3	4
19. Watch game/quiz shows	1	2	3	4

WHAT I DO IN MY FREE TIME (continued)

HOW OFTEN DO YOU:

	Never	Rarely	Sometimes	Often or Very Often
20. Babysit	1	2	3	4
21. Play video/computer games	1	2	3	4
22. Lift weights	1	2	3	4
23. Play archery	1	2	3	4
24. Bake biscuits	1	2	3	4
25. Go to the supermarket	1	2	3	4

WHAT I AM LIKE

Here is a list of words and phrases that describe people. Please circle the number that shows how much each of the words or phrases describes <u>you</u>.

	Not At All Like Me	Not Much Like Me	Somewhat Like Me	Very Much Like Me
1. Emotional	1	2	3	4
2. Weak	1	2	3	4
3. Aggressive	1	2	3	4
4. Strong	1	2	3	4
5. Dependent	1	2	3	4
6. Affectionate	1	2	3	4
7. Sentimental	1	2	3	4
8. Competitive	1	2	3	4
9. Loud	1	2	3	4
10. Adventurous	1	2	3	4
11. Is good at sport	1	2	3	4
12. Complaining	1	2	3	4
13. Charming	1	2	3	4
14. Cries a lot	1	2	3	4
15. Friendly	1	2	3	4
16. Jealous	1	2	3	4
17. Has good manners	1	2	3	4
18. Is good at art	1	2	3	4
19. Enjoys art	1	2	3	4
20. Acts as a leader	1	2	3	4

WHAT I AM LIKE (continued)

	Not At All Like Me	Not Much Like Me	Somewhat Like Me	Very Much Like Me
21. Cruel	1	2	3	4
22. Brag a lot	1	2	3	4
23. Tries to look good	1	2	3	4
24. Misbehaves	1	2	3	4
25. Is defective.	1	2	3	4

OAT - AM (ATTITUDE MEASURE)

WHO SHOULD DO THESE JOBS?

Here is a list of jobs. We want you to tell us if you think each job <u>should</u> be done by men, by women, or by both men and women. There are no right or wrong answers. We just want to know who <u>you</u> think should do these jobs. If you think it should be done only <u>by men</u>, circle 1; if you think it should be done <u>by mostly men, some women</u>, circle 2; if you think it should be done <u>by both men and women</u>, circle 3; if you think it should be done <u>by mostly women, some men</u>, circle 4; and if you think it should be done only <u>by women</u>, circle 5.

WHO SHOULD:	Only Men 1	Mostly Men, Some Women 2	Both Men and Women 3	Mostly Women, Some Men 4	Only Women 5
1. Be a dishwasher in a restaurant	1	2	3	4	5
2. Be a refrigerator salesperson	1	2	3	4	5
3. Be an artist	1	2	3	4	5
4. Be an [illegible] operator	1	2	3	4	5
5. Be an interior decorator	1	2	3	4	5
6. Be an car mechanic	1	2	3	4	5
7. Be a telephone engineer	1	2	3	4	5
8. Be a librarian	1	2	3	4	5
9. Be a cook in a restaurant	1	2	3	4	5
10. Be a secretary	1	2	3	4	5
11. Be a plumber	1	2	3	4	5
12. Be a nurse	1	2	3	4	5
13. Be a ballet dancer	1	2	3	4	5
14. Be a hair stylist	1	2	3	4	5
15. Be an engineer	1	2	3	4	5
16. Be a police officer	1	2	3	4	5
17. Be an umpire	1	2	3	4	5
18. Be a dental assistant	1	2	3	4	5

WHO SHOULD:

	Only Men 1	Mostly Men, Some Women 2	Both Men and Women 3	Mostly Women, Some Men 4	Only Women 5
19. Be a ship captain	1	2	3	4	5
20. Be a florist	1	2	3	4	5
21. Be a welder	1	2	3	4	5
22. Be an electrician	1	2	3	4	5
23. Be a manicurist	1	2	3	4	5
24. Be a dietician	1	2	3	4	5
25. Be a physio therapist	1	2	3	4	5

QAT-AM (Short)
Bigler, Liben, Lobliner, & Yekel (1997)

WHO SHOULD DO THESE ACTIVITIES?

Here is a list of activities. We want you to tell us if you think each activity should be done by men, by women, or by both men and women. There are no right or wrong answers. We just want to know who you think should do these activities. If you think it should be done only by men, circle 1; if you think it should be done by mostly men, some women, circle 2; if you think it should be done by both men and women, circle 3; if you think it should be done by mostly women, some men, circle 4; and if you think it should be done only by women, circle 5.

WHO SHOULD:

	Only Men 1	Mostly Men, Some Women 2	Both Men and Women 3	Mostly Women, Some Men 4	Only Women 5
1. Fly a model plane	1	2	3	4	5
2. Knit a jumper	1	2	3	4	5
3. Sew from a pattern	1	2	3	4	5
4. Go to the beach	1	2	3	4	5
5. Wash clothes	1	2	3	4	5
6. Fix a car	1	2	3	4	5
7. Build with tools	1	2	3	4	5
8. Play cards	1	2	3	4	5
9. Play pool	1	2	3	4	5
10. Ride a motorbike	1	2	3	4	5
11. Fix bicycles	1	2	3	4	5
12. Do gymnastics	1	2	3	4	5
13. Practice a musical instrument	1	2	3	4	5
14. Read romantic books	1	2	3	4	5
15. Practice martial arts	1	2	3	4	5
16. Watch soap operas	1	2	3	4	5
17. Babysit	1	2	3	4	5

WHO SHOULD:

	Only Men 1	Mostly Men, Some Women 2	Both Men and Women 3	Mostly Women, Some Men 4	Only Women 5
18. Play archery	1	2	3	4	5
19. Bake biscuits/cakes	1	2	3	4	5
20. Sketch (or design) clothes	1	2	3	4	5
21. Grocery shop	1	2	3	4	5
22. Draw (or design) cars	1	2	3	4	5
23. Build model airplanes	1	2	3	4	5
24. Sing in a choir	1	2	3	4	5
25. Participate in political activities	1	2	3	4	5

GAT-AM (Short)
Bigler, Liben, Collins, & Yekel (1997)

WHO SHOULD BE THIS WAY?

is a list of traits. Please circle the number that shows who you think should be this way. are no right or wrong answers. We want to know who you think should be this way. If you only men should be this way, circle 1; if you think mostly men, some women should be this circle 2; if you think both men and women should be this way, circle 3; if you think mostly n some men should be this way, circle 4; and if you think only women should be this way.

O SHOULD:

	Only Men	Mostly Men Some Women	Both Men & Women	Mostly Women Some Men	Only Women	No-one
	1	2	3	4	5	
Be emotional	1	2	3	4	5	
Be affectionate	1	2	3	4	5	
Have good manners	1	2	3	4	5	
Be helpful	1	2	3	4	5	
Misbehave	1	2	3	4	5	
Be talkative	1	2	3	4	5	
Be appreciative	1	2	3	4	5	
Be good at sport	1	2	3	4	5	
Enjoy sport	1	2	3	4	5	
Be gentle	1	2	3	4	5	
Be friendly	1	2	3	4	5	
Complain	1	2	3	4	5	
Be loud	1	2	3	4	5	
Be competitive	1	2	3	4	5	
Be dominant	1	2	3	4	5	
Cry a lot	1	2	3	4	5	
Be neat	1	2	3	4	5	

WHO SHOULD:

	Only Men	Mostly Men Some Women	Both Men & Women	Mostly Women Some Men	Only Women	No-one
	1	2	3	4	5	
18. Enjoy an	1	2	3	4	5	
19. Act as a leader	1	2	3	4	5	
20. Try to look good	1	2	3	4	5	
21. Be independent	1	2	3	4	5	
22. Be secure	1	2	3	4	5	
23. Be good at music	1	2	3	4	5	
24. Be truthful	1	2	3	4	5	
25. Be brave	1	2	3	4	5	

Appendix 4

<u>Validity</u> – to translate questionnaire from American language into English language.

The following items are taken from a questionnaire which was devised for an American population. I would like you to indicate which items you think need modifying in order for it to be appropriate for an English population. Please check all items. If you feel an item needs modification, please write the English word or phrase you would suggest replacing it with.

<u>DO THESE ITEMS NEEDS CHANGING</u>?

How much would you want to:

	YES	NO	YOUR SUGGESTION
1. be an air-plane pilot	☐	☐	----------
2. be an artist	☐	☐	----------
3. be a telephone operator	☐	☐	----------
4. be a cook in a restaurant	☐	☐	----------
5. be a babysitter	☐	☐	----------
6. be a secretary	☐	☐	----------
7. be a supermarket owner	☐	☐	----------
8. be a nurse	☐	☐	----------
9. be a writer	☐	☐	----------

10. be a factory owner	☐	☐	----------
11. be a hair stylist	☐	☐	----------
12. be a construction worker	☐	☐	----------
13. be an engineer	☐	☐	----------
14. be a baker	☐	☐	----------
15. be a police officer	☐	☐	----------
16. be an architect	☐	☐	----------
17. be a comedian	☐	☐	----------
18. be a dental assistant	☐	☐	----------
19. be a ship's captain	☐	☐	----------
20. be a florist	☐	☐	----------
21. be a landscape architect	☐	☐	----------
22. be a manicurist	☐	☐	----------
23. be a birth attendant	☐	☐	----------
24. be a dietician	☐	☐	----------
25. be an astronomer	☐	☐	----------

How often do you:

1. wash the dishes	☐	☐	----------
2. iron clothes	☐	☐	----------
3. go bowling	☐	☐	----------
4. vacuum a house	☐	☐	----------
5. go fishing	☐	☐	----------
6. go to the beach	☐	☐	----------
7. wash clothes	☐	☐	----------
8. build with tools	☐	☐	----------
9. cook dinner	☐	☐	----------
10. play cards	☐	☐	----------
11. shoot pool	☐	☐	----------
12. wash a car	☐	☐	----------
13. ride a motorcycle	☐	☐	----------
14. set the table	☐	☐	----------
15. go the movies	☐	☐	----------
16. play darts	☐	☐	----------
17. do gymnastics	☐	☐	----------
18. watch crime/detective shows	☐	☐	----------

19. watch game/quiz shows	☐	☐	----------
20. baby-sit	☐	☐	----------
21. play video/computer games	☐	☐	----------
22. hunt	☐	☐	----------
23. shoot a bow and arrow	☐	☐	----------
24. bake cookies	☐	☐	----------
25. grocery shop	☐	☐	----------

What I am like:

1. emotional	☐	☐	----------
2. weak	☐	☐	----------
3. aggressive	☐	☐	----------
4. strong	☐	☐	----------
5. dependent	☐	☐	----------
6. affectionate	☐	☐	----------
7. sentimental	☐	☐	----------
8. enjoys geography	☐	☐	----------
9. does well in geography	☐	☐	----------

10. enjoys physical education	☐	☐	----------
11. does well in physical education	☐	☐	----------
12. complaining	☐	☐	----------
13. charming	☐	☐	----------
14. cries a lot	☐	☐	----------
15. enjoys foreign languages	☐	☐	----------
16. does well in foreign languages	☐	☐	----------
17. has good manners	☐	☐	----------
18. is good at art	☐	☐	----------
19. enjoys art	☐	☐	----------
20. acts as a leader	☐	☐	----------
21. is good at science	☐	☐	----------
22. enjoys science	☐	☐	----------
23. tries to look good	☐	☐	----------
24. misbehaves	☐	☐	----------
25. does well in music	☐	☐	----------

Who should:

1. be a dishwasher in a restaurant	☐	☐	----------
2. be a refrigerator salesperson	☐	☐	----------
3. be an artist	☐	☐	----------
4. be an elevator operator	☐	☐	----------
5. be an interior decorator	☐	☐	----------
6. be an auto mechanic	☐	☐	----------
7. be a telephone installer	☐	☐	----------
8. be a librarian	☐	☐	----------
9. be a cook in a restaurant	☐	☐	----------
10. be a secretary	☐	☐	----------
11. be a plumber	☐	☐	----------
12. be a nurse	☐	☐	----------
13. be a ballet dancer	☐	☐	----------
14. be a hair stylist	☐	☐	----------
15. be an engineer	☐	☐	----------
16. be a police officer	☐	☐	----------
17. be an umpire	☐	☐	----------
18. be a dental assistant	☐	☐	----------

19. be a ship captain	☐	☐	----------
20. be a florist	☐	☐	----------
21. be a welder	☐	☐	----------
22. be an electrician	☐	☐	----------
23. be a manicurist	☐	☐	----------
24. be a dietician	☐	☐	----------
25. be a physical therapist	☐	☐	----------

Who should:

1. fly a model plane	☐	☐	----------
2. knit a sweater	☐	☐	----------
3. sew from a pattern	☐	☐	----------
4. go to the beach	☐	☐	----------
5. wash clothes	☐	☐	----------
6. fix a car	☐	☐	----------
7. build with tools	☐	☐	----------
8. play cards	☐	☐	----------
9. shoot pool	☐	☐	----------

10. ride a motorcycle	☐	☐	----------
11. fix bicycles	☐	☐	----------
12. do gymnastics	☐	☐	----------
13. practise a musical instrument	☐	☐	----------
14. read romance novels	☐	☐	----------
15. practise martial arts	☐	☐	----------
16. watch soap operas	☐	☐	----------
17. baby-sit	☐	☐	----------
18. shoot a bow and arrow	☐	☐	----------
19. bake cookies	☐	☐	----------
20. sketch (or design) clothes	☐	☐	----------
21. grocery shop	☐	☐	----------
22. draw (or design) cars	☐	☐	----------
23. build model airplanes	☐	☐	----------
24. sing in a choir	☐	☐	----------
25. participate in political activities	☐	☐	----------

Who should:

1. be emotional	☐	☐	----------
2. be affectionate	☐	☐	----------
3. be good in English	☐	☐	----------
4. enjoy English	☐	☐	----------
5. be cruel	☐	☐	----------
6. be talkative	☐	☐	----------
7. be appreciative	☐	☐	----------
8. be good in physical education	☐	☐	----------
9. enjoy physical education	☐	☐	----------
10. be gentle	☐	☐	----------
11. be good in foreign languages	☐	☐	----------
12. complain	☐	☐	----------
13. enjoy math	☐	☐	----------
14. be good in math	☐	☐	----------
15. be dominant	☐	☐	----------
16. cry a lot	☐	☐	----------
17. be neat	☐	☐	----------
18. enjoy art	☐	☐	----------

19. act as a leader	☐	☐	----------
20. try to look good	☐	☐	----------
21. be good at science	☐	☐	----------
22. enjoy science	☐	☐	----------
23. be good in music	☐	☐	----------
24. study hard	☐	☐	----------
25. be brave	☐	☐	----------

Appendix 5

Modifications made to OAT-AM/PM for use with an English population

A. Personal measure-occupations sub-scale

1. Air-plane pilot changed to airline pilot
2. Construction worker changed to builder
3. Landscape architect changed to landscape gardener

Personal measure-activities sub-scale

1. Shoot pool changed to play pool
2. Ride a motorcycle changed to ride a motorbike
3. Shoot a bow and arrow changed to play archery
4. Bake cookies changed to bake cakes
5. Grocery shop changed to supermarket

Personal measure-traits sub-scale

1. Enjoy physical education changed to enjoy sport.

B. Attitude measure-occupations sub-scale

1. Elevator operator changed to lift operator
2. Auto mechanic changed to car mechanic
3. Physical therapist changed to physiotherapist

Attitude measure-activities sub-scale

1. Knit a sweater changed to knit a jumper
2. Shoot pool changed to play pool
3. Ride a motorcycle changed to ride a motorbike
4. Read romance novels changed to read romantic books
5. Shoot a bow and arrow changed to play archery
6. Bake cookies changed to bake cakes
7. Grocery shop changed to supermarket

Personal measure-traits sub-scale

1. Good at physical education was changed to good at sport
2. Enjoy physical education was changed to enjoy sport

Appendix 6

The following is a sub-section from a gender schemata inventory which aims to assess how people spend their free time. Some of the items are traditionally masculine, some items are traditionally feminine and some are neutral.

The inventory was not devised for people with learning disabilities. However, I would like to use it with women with **mild** learning disabilities. In order for me to do this I need to ensure that all the items are appropriate for this client group.

The inventory aims to assess whether participants' free time is organised along gender lines. The potential drawback is the assumption made that the person has the opportunity to engage in all the activities listed should they so wish. It is possible that a lack of opportunity is the most influential factor determining whether a person engages in a particular activity. This is true for all people but may be especially pertinent for people with learning disabilities who are often prevented access to the same opportunities as other members of society.

Please could you read each item and assess its appropriateness for the learning disabled population. Tick 'yes' if you think people with mild learning disabilities generally have the opportunity to engage in the activities listed. Tick 'no' if you think people with mild learning disabilities generally would be most unlikely to have the opportunity to engage in the activities listed.

	Yes	No
1. wash the dishes	☐	☐
2. iron clothes	☐	☐
3. go bowling	☐	☐
4. vacuum a house	☐	☐
5. go fishing	☐	☐
6. go to the beach	☐	☐
7. wash clothes	☐	☐
8. build with tools	☐	☐
9. cook dinner	☐	☐
10. play cards	☐	☐
11. play pool	☐	☐
12. wash a car	☐	☐
13. ride a motorbike	☐	☐
14. set the table	☐	☐
15. go to the cinema	☐	☐
16. play darts	☐	☐
17. do gymnastics	☐	☐

18.watch crime/detective shows	☐	☐
19.watch game/quiz shows	☐	☐
20.baby-sit	☐	☐
21.play video/computer games	☐	☐
22.hunt	☐	☐
23.do archery	☐	☐
24.bake cakes	☐	☐
25.go to the supermarket	☐	☐

Appendix 7

Modifications made to OAT-PM (activities scale) for use with people with learning disabilities

Item number	Original item	Substituted item
13	Ride a motorbike	Ride a motorbike/go to speedway
17	Do gymnastics	Do aerobics
22	Hunt	Lift weights

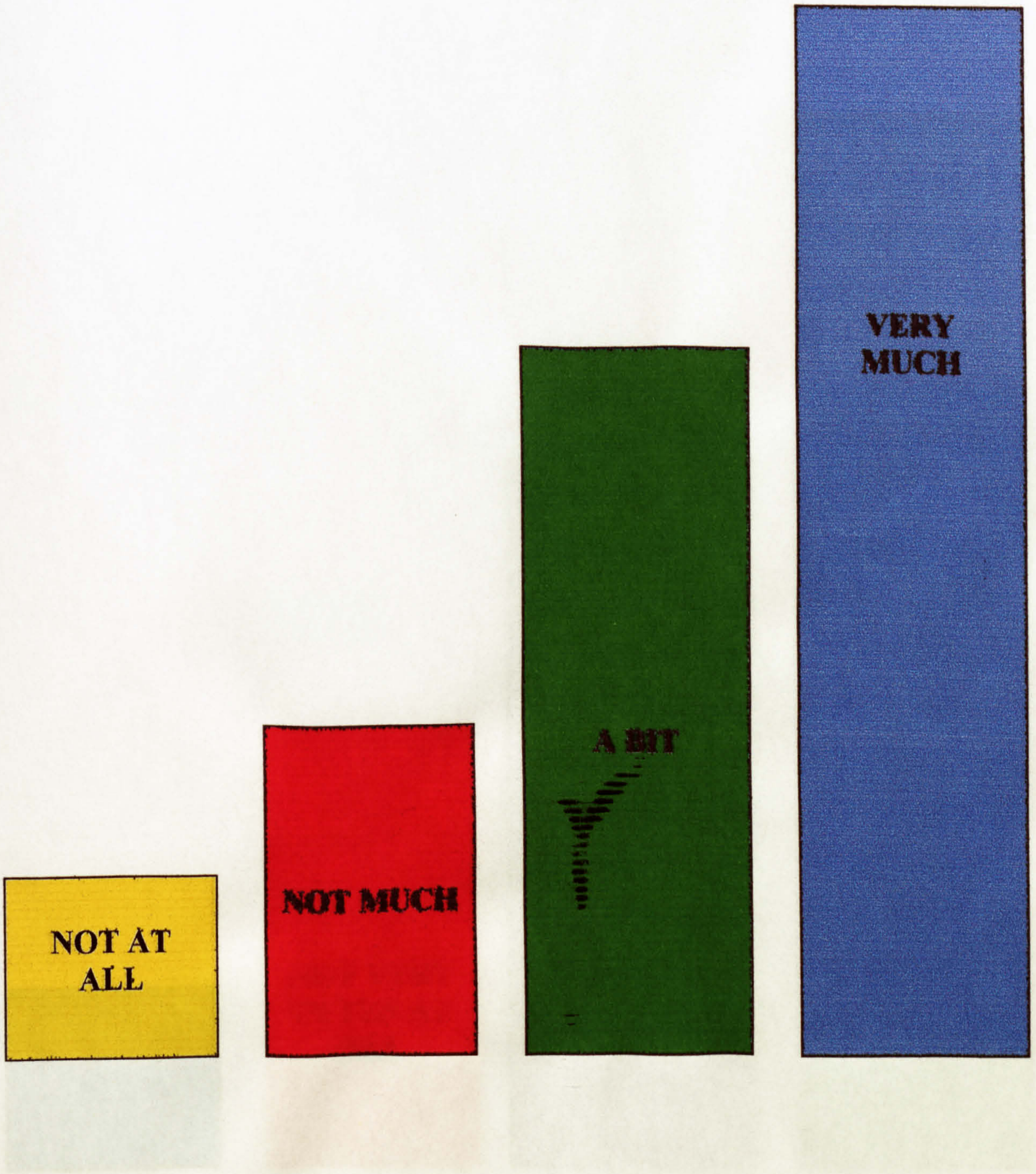
Riding a motorbike (Item 13) was considered to be outside the realms of opportunity for some, but not all, people with learning disabilities. It was therefore supplemented with 'go to speedway,' which was felt to be a traditionally masculine activity, and more akin to the experiences of people with learning disabilities.

'Doing gymnastics' (item 17) and 'Hunting' (item 22) were considered outside the realms of opportunity for most people with learning disabilities. Both were classified as masculine activities, and were therefore substituted with two masculine activities from the longer version of the scale.

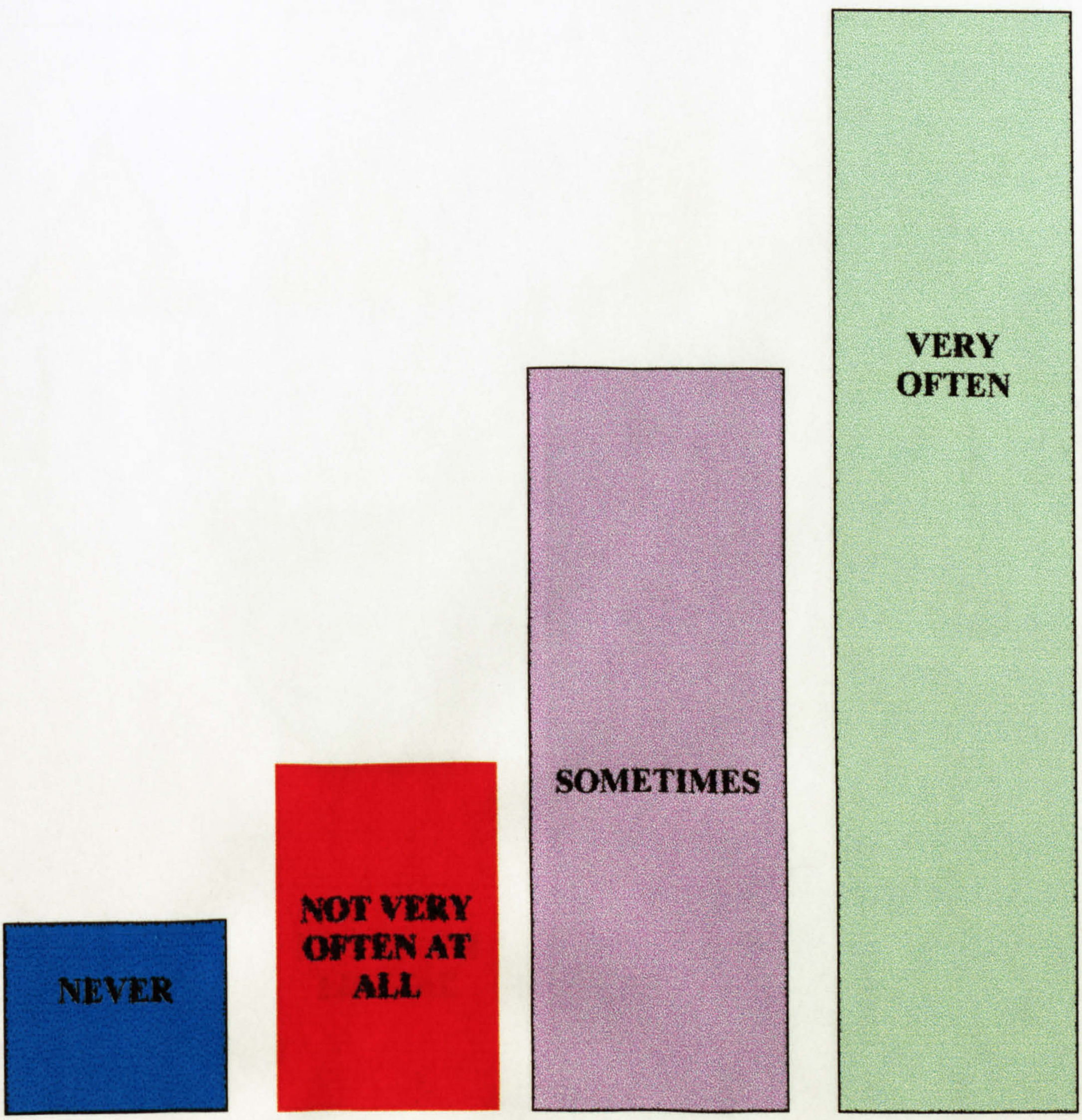
Appendix 8

Pictorial illustrations of response options

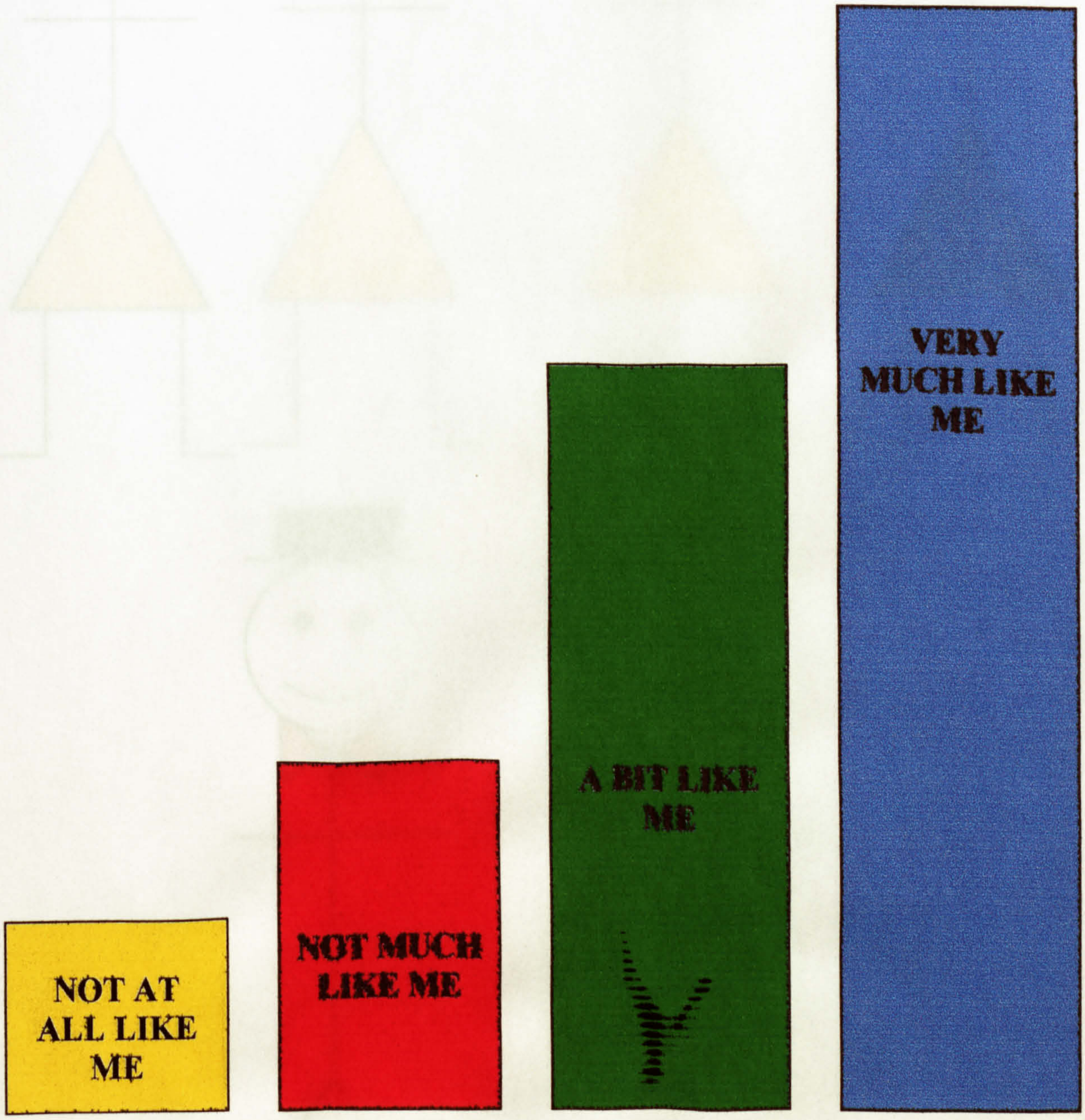
Personal measure-occupations



Personal measure-activities

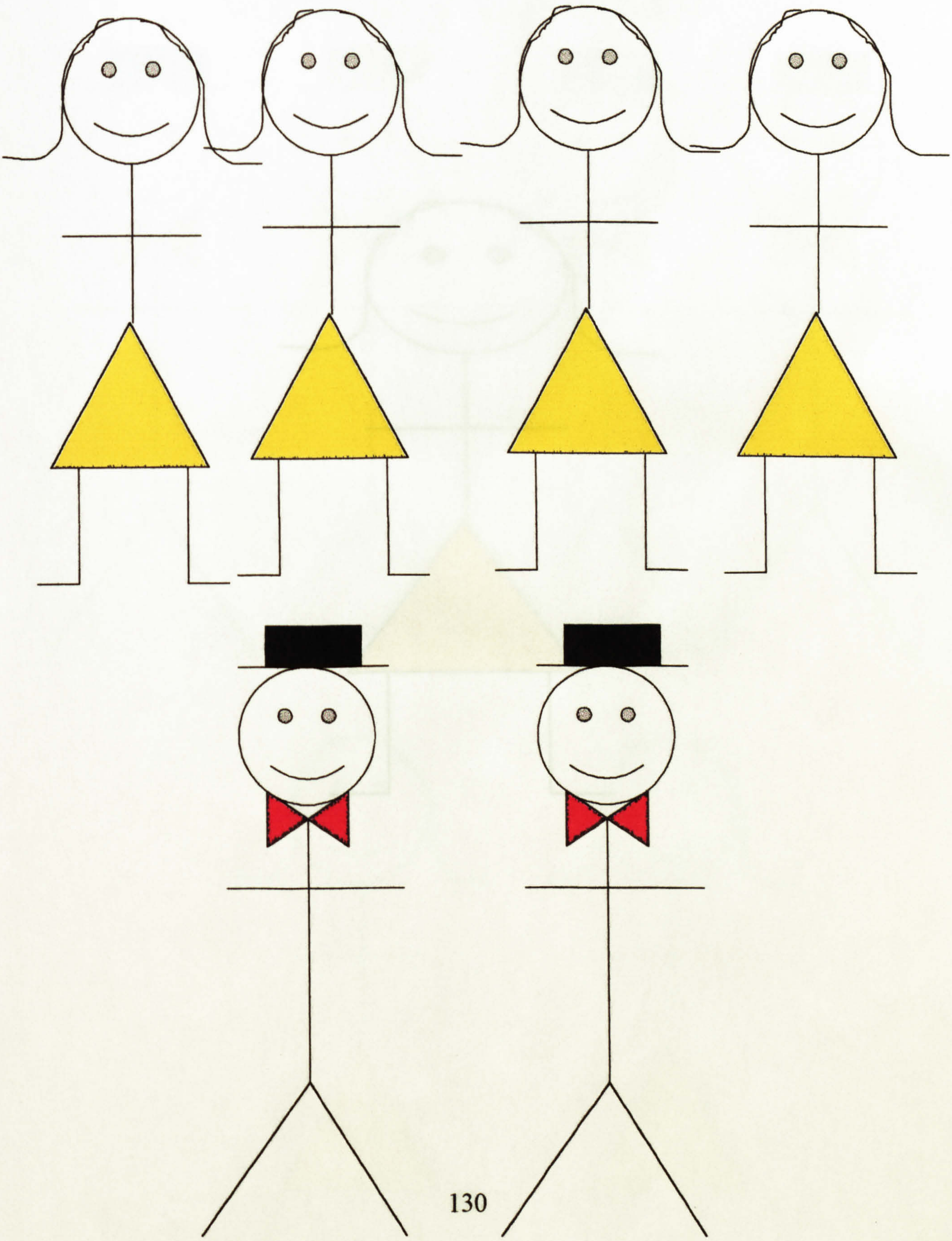


Personal measure-traits

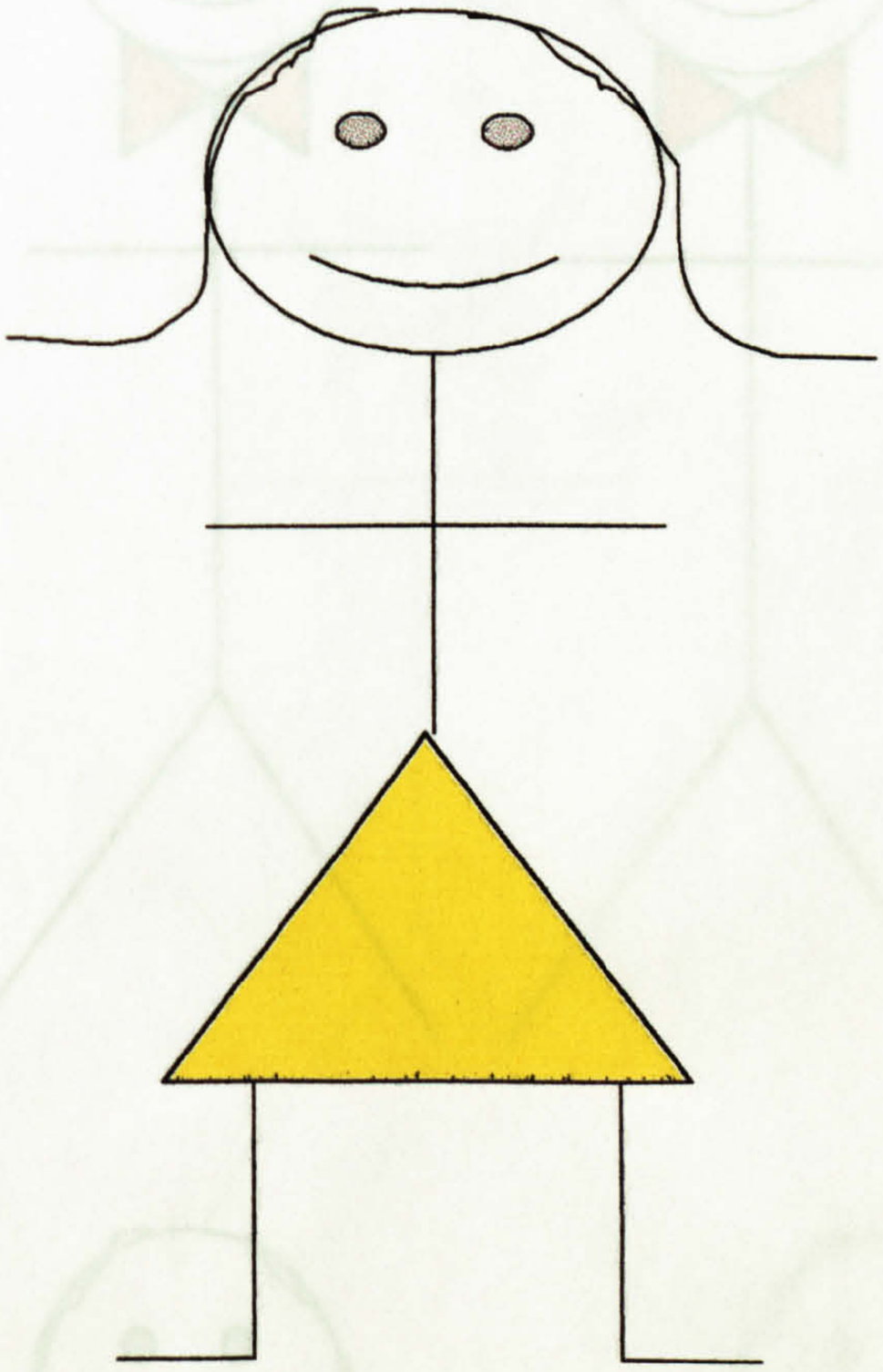


Attitude measure

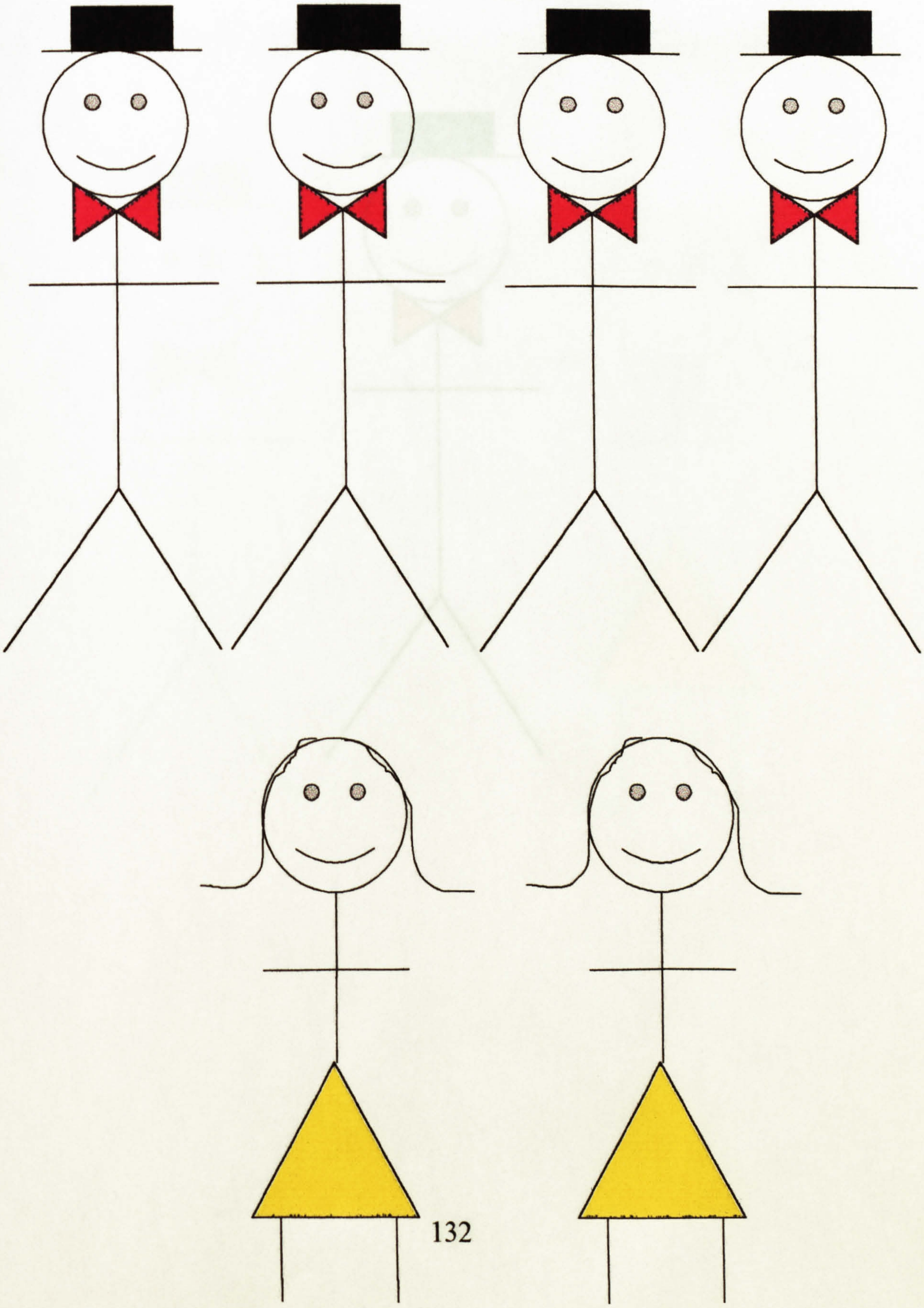
MOSTLY WOMEN, SOME MEN



ONLY WOMEN

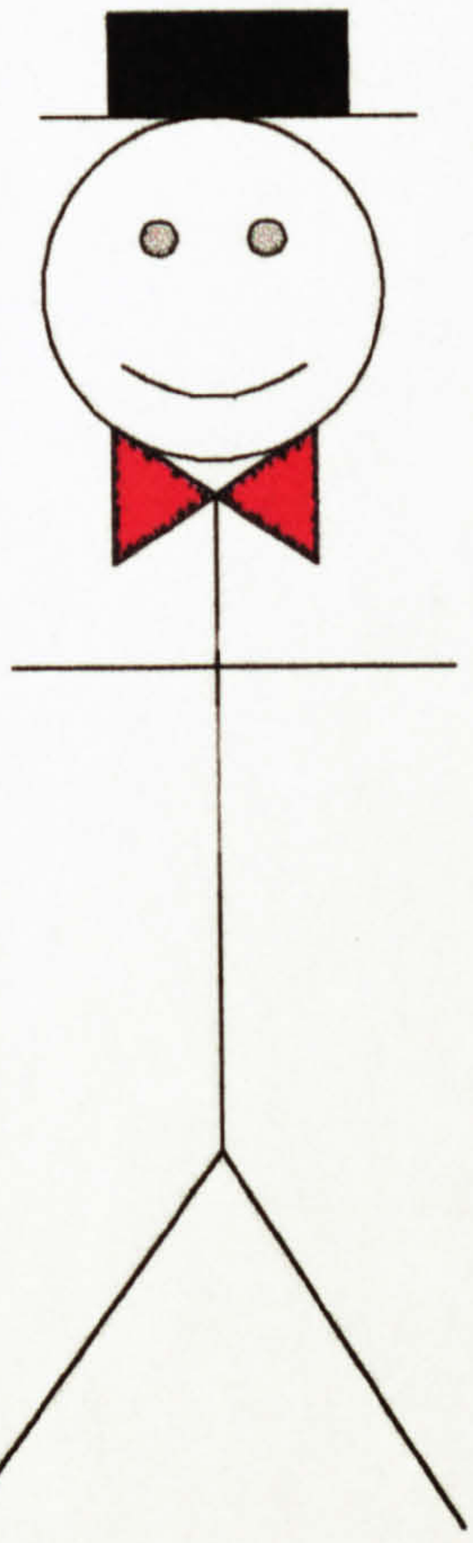


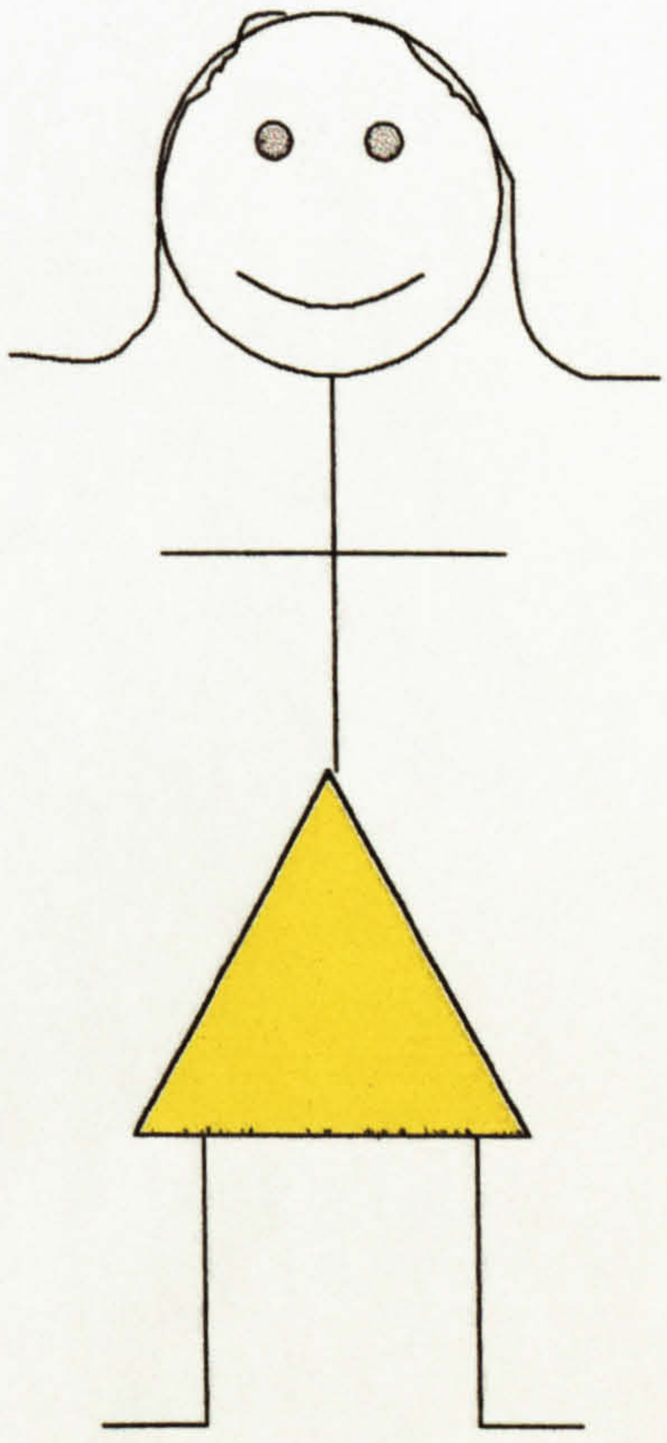
MOSTLY MEN, SOME WOMEN



ONLY MEN

BOTH MEN AND WOMEN





Appendix 9

Number of items from the pilot study with participants 1 and 2, which required clarification.

	Occupations		Activities		Traits	
	Attitude	**Personal**	**Attitude**	**Personal**	**Attitude**	**Personal**
Participant 1	4/25	8/25	2/25	0	3/25	11/25
Participant 2	3/25	3/25	1/25	0	4/25	7/25

Appendix 10

INFORMATION SHEET

About me

My name is Caroline Gratton.

My telephone number is 01273 509522.

I am a psychologist in clinical training.

I am doing some work on a project about women with learning disabilities.

I have a supervisor who is helping me with the project. Her name is ----------.
She is a clinical psychologist and works with people with learning disabilities.

How many times will we meet?

I would like to meet with you on two different days. The first meeting should last about 30 minutes. The next meeting will last for about one hour. You can have as many breaks as you need.

What will I be talking to you about?

On the first day, I will be explaining the project to you and answering any questions you might want to ask me. I will also ask you some questions to check you understand what the study is about and to check you understand the meaning of some of the words I will be using.

On the second day, I will be asking you some questions about men and women. I will give you an example to help explain this. I will ask you a question like: who should do the job of a cook in a restaurant? You will say what you think is the answer. There are no right or wrong answers so you cannot make a mistake.

The good things about talking to me

You will help other people understand what you think about men and women.

You will help me with my project.

The bad things about talking to me

Meeting with me will take up some of your time.

What can you do if you do not want to talk to me anymore?

You do not have to meet with me if you do not want to.

You do not have to give a reason if you do not want to meet with me.

You do not have to say anything you do not want to.

You can have someone with you when you talk to me if you want to.

If you decide you want to take part in the project and then change your mind, this is OK.

What can you do if you have any questions?

You can ask me any questions when we meet.

You can phone me if you have any questions or concerns.

Who will I talk to about what you say?

The only person I will talk to about what you say is my supervisor who is helping me. However if you tell me someone is hurting you I will have to tell someone.

When I write about the project, I am not allowed to use your name or use your address, or the name of your day centre.

When I write about the project it will be seen by a person who will mark it. They will not know your name or address.

The project will be kept in a library at the Salomons Centre where my course is.

After the research

I will send you a letter when the project is finished to let you know what I have found out.

Appendix 11

Procedure for assessing comprehension of rating scale

Present: picture of two coloured steps to participants.

Instruction: "Here are two steps that have a meaning. They are steps which show how much you would want to do something. The biggest step (point) shows you would want to do something very much and the smallest step (point) shows you would not want to do something at all.

So let me tell you the rules. If you would want to do something very much you must point to the biggest step (point). If you would not want to do something at all, you must point to the smallest step (point). Is that OK? Repeat if participant seems uncertain.

- Ask the participant to think of a present they would like to have most.
- Ask "How much do you like (the present they have chosen)?"
- Ask "Which step would you point to, to show how much you like (the present they have chosen)?"
- Ask "If you did not like (the present they have chosen) at all, which step would you point to?

If the participant succeeds, proceed to the three-point task.
If the participant fails, ask whether she would like to go over the rules again. If yes, repeat the instructions. If no, repeat the task.

If the participant fails again, and it is not possible to ascertain an understanding of what she is communicating using cross-questioning techniques, cease the comprehension assessment.

Present: the three steps.

Instruction: " Here is another set of steps. This time you can see there is a middle step (point). This step means you don't like something much."

Just like before, I want you to point to the step that matches how much you like something. Is that OK?

- Ask "If you liked dogs a lot, which step would you point to?
- Ask "If you didn't like dogs much, which step would you point to?
- Ask "If you didn't like dogs at all, which step would you point to?

If the participant succeeds, proceed to the four-point task. If they fail, use the same strategy as described for failure on the two-point task.

Present: the four-step task.

Instructions: "Here is the last set of steps. There are three you have already seen and one new one."

"The ones you know are (point to each in turn) very much, not at all, and not much."

"The new one is (point) a bit."

"So going up the steps, we have (point to each in turn) not at all, not much, a bit and very much. Is that OK?"

- Ask "If you wanted to do something a lot, where would you point?
- Ask "If you did not want to do something at all, where would you point?
- Ask "If you wanted to do something a bit, where would you point?
- Ask "If you did not want to do something much, where would you point?

If the participant succeeds, proceed with the assessment. If the participant fails, repeat the sequence of the four-steps.

Present : the four steps (not at all like me, not much like me, a bit like me, very much like me.)

Instructions: "Here are four more steps. These steps show how much a word describes you. The biggest step (point) shows you think the word is very much like you, the next one (point) shows you think the word is a bit like you, the next one shows you think the word is not much like you and the smallest step shows you think the word is not at all like you.) Is that OK?

- Ask "Do you understand the word kind?" if yes continue. If no, explain the meaning and continue.
- Ask "How much does the word kind describe you? Which step would you point to, to show how much the word kind describes you?

Elicit responses for the remaining response options.
N.B. use cross-questioning techniques to aid assessment. Also use questions flexibly in order to base the questions on participants' likes/dislikes.

Appendix 12

Procedure for assessing comprehension of rating scale

Present: pictures of 'only men' and 'only women' to participants.

Instruction: Ask participant to describe the two pictures. Ensure their ability to discriminate between them.

- Ask the participant to point to who they think "should have the name Jenny?"
  "should have the name David?"

If the participant succeeds, proceed to the next task.
If the participant fails, explain the two pictures again and ask the questions again using different names.

Present: picture of 'both men and women' in addition to the ones already seen.

Instruction: Ask participant to describe the picture. Ensure their understanding of this picture.

- Ask the participant to point to who they think "should go swimming."

If they do not answer 'both men and women, ' use cross-questioning techniques to assess their reasoning. Ask further questions if participants' comprehension is in doubt.

Present: pictures of 'mostly women, some men' and 'mostly men, some women.'

Instruction: Ask participant to describe the pictures. Ensure their understanding of these pictures and how they differ from the picture of 'both men and women.'

- Ask the participant to point to who they think 'should go on holiday.'

If they do not point to 'both men and women' use cross-questioning techniques to assess their reasoning.

As the measure assesses attitudes and not knowledge, it is not possible to ask set questions for the response options 'mostly men, some women' and 'mostly women, some men.'

Therefore ask participants to:
- point to the picture which shows 'mostly women and some men' do something. Ask participants if they can think of an example of this.
- point to the picture which shows 'mostly men and some women' do something. Ask if they can think of an example of this.

N.B. use cross-questioning techniques to constantly assess participants' ability to discriminate between the five-point response scale.

Appendix 13

Consent form

To be signed by all participants wishing to take part in the study.

Title of study: Gender role beliefs and the self-perception of women with learning disabilities: meanings of motherhood and attributions for childlessness.

Investigator: Caroline Gratton

	Yes	No
I understand what the project is about	☐	☐
I know that I am free to stop talking at any time	☐	☐
I know I can say 'no' at any time without giving a reason	☐	☐
I know what I say will be kept private	☐	☐
I know that the project will be written about afterwards	☐	☐
I have had enough time to decide if I want to take part	☐	☐
I would like to take part	☐	☐

Signed:

Date:

Appendix 14

Ms———

18th March 1999.

Dear Ms

I am writing to inform you about some research I am doing, which involves women with learning disabilities. I am currently training to be a clinical psychologist and the research is part of my training. My supervisor is Dr. ——, who is a clinical psychologist working———————————— NHS Trust. The research will involve asking women questions from a questionnaire. The aim is to find out which jobs, hobbies, and personality characteristics are considered, by the women, to be appropriate for other men and women, and for themselves.

I have received approval for the research from ———— Research Ethics Committee. It was also agreed by ————————————Trust that I could contact ———, to ask key-workers if any service users would be interested in taking part. ———— was one of the people who showed an interest in the research. I met with —— once to explain the research to her, and to see if she still wanted to take part. She was able to demonstrate an understanding of what would be involved, and said she did want to take part. We have therefore arranged to meet again in order for —— to answer the questions on the questionnaire.

If you have any further questions, please do you not hesitate to contact me at ———————— ———.

Yours sincerely

Caroline Gratton
Psychologist in Clinical Training.

Appendix 15

Covering letter to participants in the control group.

Dear ----------

I am a psychologist in my final year of clinical training. I am interested in working in the field of learning disabilities and am currently undertaking some research into the gender attitudes held by women who have learning disabilities.

I would like to compare the attitudes of women with and without learning disabilities towards gender. Consequently, I am looking for a sample of women without learning disabilities for the study. I understand you would be willing to help me by completing a gender inventory. I have, therefore, enclosed a gender inventory and a stamped addressed envelope, should you still be willing to participate.

If you would like some further information about the research or have any questions please do not hesitate to contact me on 01273 509522.

Many thanks for your help.

Caroline Gratton
Psychologist in Clinical Training.

Appendix 16

Semi-structured interviews

"Thank you for agreeing to meet with me again. Last time we met, I asked you some questions about men and women, for example, what jobs men and women should do. This time I would like to talk to you about having children."

Section one: General information

1. Do you have contact with any children?
2. (If there are children in the participant's family) Can you tell me a bit about them?
3. (If participant works in a playgroup) Can you tell me a bit about your job?
4. (If participant has no contact with children) Do you like children?
5. What do you like/not like about children?

Prompts: What are their names?
How old are they?
What do they like doing?
Do you like spending time with the children?

Section two: Motivations for motherhood

6. Do women think it's important to have children?
7. Why do some women have children?
8. What are the good things about having children?
9. What are the difficult things about having children?

Section three: Barriers to motherhood

10. Why have some women got no children?
11. How do women feel if they can't have children?
12. How do they cope with these feelings?

Section four: Motherhood and learning disability

13. Can women with learning disabilities have children?
14. How do women with learning disabilities feel if they can't have children?
15. How do women with learning disabilities cope with these feelings?

Section five: Participants' desires to have children

16. Would you like to have been a mother?
17. Have you ever thought about having children?
18. What made you think you would like to/not like to have children?
19. Whose decision was it for you to have no children?
20. How do you feel about having no children?
21. How do you cope with these feelings?

Prompts for all questions: Can you tell me a bit more about that?
Can you give me an example?

Section six: Debriefing

Read out the following:
"Thank you very much for talking to me today about your life, and telling me what you think about women and children. What you have said to me will be kept private and I will wipe the tapes clean when I have written down what you have said. Now I would like to read through what you have told me to see if I have understood you." (amend any errors)

22. How do you feel now after talking to me?
23. Do you have any questions you would like to ask me?
24. Is there anything else you would like to say?

"I will give you my telephone number again, so you can phone me if you have any questions or you would like to talk to me about anything at a later stage."

Any issues of concern will be discussed, and arrangements made for participants to obtain the necessary help and/or support.

Appendix 17

Mrs ---------

21st March 1999.

Dear Mrs

Following my recent letter, I am writing to inform you that ---------- has agreed to take part in the second stage of my research project. This will involve one meeting with ------- to talk about her beliefs about motherhood and her feelings about children. Whatever ------ --tells me will be treated as strictly confidential, unless she requests otherwise.

If you have any further questions, please do you not hesitate to contact me at ----------.

Yours sincerely

Caroline Gratton
Psychologist in Clinical Training.

Appendix 18

Consent form

To be signed by all participants wishing to take part in the study.

Title of study: Gender role beliefs and the self-perception of women with learning disabilities: meanings of motherhood and attributions for childlessness.

Investigator: Caroline Gratton

	Yes	No
I have had the information sheet explained to me	☐	☐
I would like to take part in the study	☐	☐

Signed:

Participant Investigator

Date:

REMEMBER

You are free to stop taking part in the study at any time you like.
You do not have to give a reason why if you decide to stop taking part.

Appendix 19

Sample of comments obtained from the administration of the OAT-AM/PM to the learning disability group.

Participant 1
Attitude measure:
Car mechanic: "*ladies can't do it-it's a man's job. She would need help. No women can fix cars.*"
Bake biscuits "*women bake biscuits-I don't think men can cook.*"

Participant 2
Personal measure:
Brag a lot: "*sometimes I show off at home, and here. Sometimes I show off at football as well.*"
Attitude measure:
Fix bicycles- "*you don't see ladies doing it.*"

Participant 3
Attitude measure
Talkative: "*women talk a lot, men argue.*"
Strong: "*women are not strong at lifting ladders-they can't put a ladder on their shoulders. Women may help men with painting but they can't do anything with bricks.*"
Independent: "*men don't use a sewing machine to mend clothes. My friend lost his parents and he had to learn to be independent. In the end he had to be sent to a convalescence home, cos he couldn't do his own washing or nothing-very difficult for him to manage on his own.*"

Participant 4
Personal measure:
Strong: "*no, I'm not strong anymore, I'm getting on a bit.*"

Participant 5
Personal measure:
Brag a lot: "*I show off about me knitting. The things I like to do most are - I always like to look nice. I'd like to cut hair. I'd like to do my mum's hair and my own. I like to have nice hair. I always like to help people put nails on as well.*"

Participant 6
Personal measure
Airline pilot: "*I'd like to do this cos I like looking at men in uniform- so handsome.*"

Supermarket owner: "*I'd try this-I don't mind seeing the men in shops.*"
Comedian: "*I'm always a comedian at home-I'm always funny anyway.*"
Dental assistant: "*I'd like to help a dentist if it's a man, yes.*"
Nurse: "*I like to look after people. My sister is a nurse looking after old and sick people. I love doctors-I don't mind seeing all the men around. I like babies. I'd prefer to look after babies.*"
Manicurist: *"I've got men on the brain-'man' in manicurist (laughs).*"
Birth attendant: *"Oh babies-yes, I'd have to wash my hands and put my gloves on.*"
Police officer: *"I don't mind being a police officer but I'd prefer to be a traffic warden to help children across the road.*"

Vacuum a house/wash clothes: "*Mum does it.*"
Go fishing: "*No-I haven't got a fishing rod.*"
Cook dinner: *"Mum does that- I've never touched a cooker at all.*"
Sentimental: "*yes-if people are gone from families like next door, it makes me sad.*"
Act as a leader: *"no it's not a very nice things to do.*"
Misbehaves: *"I do that a lot-like at home, dad always tell me that. If I'm not very happy mum always starts on me.*"

<u>Attitude measure</u>
Ballet dancer: "*not a man (laughs)-very funny a man wearing a tutu- would look a bit funny.*"

Participant 7
<u>Personal measure</u>
Artist: "*I've always wanted to be an artist all my life. I do a lot of painting-I do a lot of crafts.*"
Babysitter: *"very much-I love looking after little children.*"

<u>Attitude measure</u>
Dishwasher in a restaurant: "*at home, lady washes up and dries up and puts things away-the man goes to work.*"
Hair dresser: " *a man can't be a hair dresser can he*?"
Martial arts: "*only men-if women do it, they will hurt themselves-I used to do it a lot, shall I show you?*"

Participant 8

Personal measure

Manicurist: "*I'm doing that at a college course. I put people's hands in saltwater for a little while-then you get a stick and file the nail down, then put nailbrush on it.*"

Birth attendant: "*I know about that job- some people can birth in the bath or pool. Or if there are problems it can come out in front.*"

A dietician: "*I know what that is- I like being not too big or too thin-I want to stay the same.*"

Participant 9

Personal measure

Washing up: "*I used to wash-up a lot but some people did it properly, and some left things a bit mucky so then staff took over. Staff do it now, it would be nice to do a bit of washing up when you can. I dust my own room at weekends.*"

Attitude measure

Wash clothes: "*women take more time washing than men. They're better at it. Some women like washing and cooking.*"

Babysit: "*men don't often babysit-it should be a woman's job. Women have got more time for babies than men have. They're better at it.*"

Participant 10

Personal measure

Supermarket owner: "*I would like to do that but if I had a fit all the food would come down.*"

Baker: "*I'd like to be a baker but I know that kitchens can be dangerous because I can easily fall over and the boiling water can come over, bit I know people will be there if I want a hand carrying.*"

Nurse: "*I'd like to try that but sometimes I get uptight. I can easy make the...I am very kind of the children and people like that but people who go on and on make me uptight, then I'd walk out and lose my job.*"

Hair stylist: "*I like doing people's hair. I can wash and brush hair off the floor.*"

Wash dishes: "*I'd like to but we've got a machine-you can put them in there. Sometimes I do them by hand, if the machine is full.*"

Iron: "*I can iron but I lost my balance and the iron and the table came on top of me- burned really badly a long time ago. I like doing it if I got a standing up one.*"

Complaining: "*there's a lot of things I want to complain about. It's very hard to explain-there's a lot of things I want to say but it would make me feel upset. They don't listen to me-I know they're my carers-they think I'm not capable of anything. When the phone rings, I'm not allowed to answer it in case it's business (B&B). It's very bad treatment, I feel I'm treated like a child.*

Attitude measure

Martial arts: "*women-because if woman is going out to see a friend and a man is waiting to do something to her, she needs to look after herself.*"
Gymnastics: "*women, because the woman is trying to keep her body in shape, the man is a bit more in shape.*"

Participant 11

Personal measure

Babysitter: "*I used to do two boys before I came here. I had £10 for it. She said I could have biscuits and make coffee. The mum put them to bed and I go and check. Their dad goes out and I help. It's nice I'd like to do it every evening.*"
Dietician: "*losing weight-I keep telling Patrick to go on a diet-he's the big fat boy in pottery- I keep telling him he's going to have a heart attack and die-George tells me I'm doing well with my diet.*"
Ride motorbike: *"I've ridden on the back of my sister's motorbike-I used to drive, no more. I had a crash and my passenger was killed. They said I'd never walk. Mum thought she was going to lose me-I was carrying my first child-she died. Then had another one-she's ok. Then a third died of a brain tumour- I had a tumour-couldn't cope- had to leave- I was beated by him-I used to be able to read and write, now I can't.*"
Affectionate: *"I love Pamela very much. Always before she goes to bed I cuddle her-I'm like a mother figure-I'm the oldest-I don't mind.*"
Sentimental: *"I got a brooch from my Aunty Nora-I did cry when my little Lisa died-my little pet. Staff supported me that day. Last week my friend was cremated –her son found my number-he's going to hunt out any bits of jewellery I might want.*

Attitude measure

Strong: "*women should be stronger than men. Men is a wimps-they all wimps. They're too much trouble-bangs the doors-wake us ladies up and they stay up till 11 0'clock and bang doors they do. Wake me up- I hold my door handles properly I do. He don't say sorry.*"
Brave: *"women have to be brave. They have to keep away from the mens because they wimps.*"

Try to look good: *"us ladies should look good."*

Participant 12
Personal measure
Nurse: "*not really I don't like hospitals- don't know why-just don't fancy hospitals a lot."*
Builder: *"very much-if I could do that it would be good. Because I used to do brickwork over the college until they knocked it down. It was my idea-my dad knew-when he knew he had a fit-he thinks it's only for men-I think it's for both. I was the only lady there."*

Competitive: "*no that's not me, I don't care if I win or lose."*
Creative: *"yes, I tell you what I'm good at-embroidery."*

Attitude measure
Act as a leader: "*men because they should be the boss-I think they're better at it I think."*
Strong: "*men they should be stronger than women so they can lift heavy things."*

Participant 13
Personal measure
Cook in restaurant: "*I love cooking-I cook quite a lot of things-I've got my brother coming up, I'll cook Turkey."*
Babysitter: "*babysitting sounds a lovely job. I like looking after babies. I like changing them and doing everything for them. I love babies. I've done my sister-in-laws. I'd like a boyfriend but I don't know if anyone would want me like this-looking like this. You know with a hump back-looking like this. I'd like children but I'd like to look after my sister's children but her husband said it would be too much. You can't say anything. They think I'd be no good and wouldn't know what to do-it hurts inside."*
Nurse: *"yes- I like to help out when people are ill or something and they need help."*
Hair stylist: *"I'd like to do that cos I like washing hairs and rolling them up."*
Manicurist: *"I'd like to do nails and that- if I've got the experience."*

Wash the dishes: *"I do that all the time. My sister's lazy, she's got a dishwasher. I do it in Tesco's as well- so I do it all the time."*

Iron clothes: *"a lot- I do a lot of ironing on my own at home. I'm very particular about what I've done myself. My sister used to do it when I lived with her. I prefer doing it myself."*
Build with tools: *"No I don't want to do that-it's dangerous you could hurt yourself."*

Emotional: *"yes I get upset a lot."*
Affectionate: *"yes when I like someone I always put my arms around them and cuddle them and that lot."*
Aggressive: *"I get a bit aggressive with myself so I know that. Quite a lot of things with my sister and my family cos I hate people keep bossing me about- telling me what to do."*
Tries to look good: *"I like looking good and smart."*
Show off: *"I show off about a lot of things- when I get things I show off like new clothes."*

<u>Attitude measure:</u>
Watch soap operas: *"women-I know cos I watch them. I watch them all. Coronation Street, Eastenders and Brookside- I watch a good programme on Monday night- we talk about it at work- it's a prison programme. There's three of us, we all talk about it."*

Try to look good: *"women should look good so they can go out with men- you know dress up smart and everything."*
Strong: *"I know why men should be strong-cos they're men and they're strong. There's things that women can't do and men can, like things that are heavy that we can't do, that men can. We can do lifting lighter things and men can lift all heavy things."*
Sentimental: *"this means when someone you love- it means they're sentimental to you-yes it's very much like me."*
Emotional: *"men should show their feelings a lot more to women."*

Participant 14
<u>Personal measure</u>
Nurse- *"I like to look after children if they're sick or elderly people"*
Comedian- *"how do you catch a monkey? Hang upside down in a tree and make a noise like a banana."*

Participant 15
<u>Personal measure</u>
Dental assistant- *"No cos I don't know how to make fillings up so it would make me a bit anxious." Discussed issue of knowing how to do a job.*

Participant 16

Personal measure

Astronomer-"*you mean like Patrick Moore?*"

Video games- "*a lot cos I got a game boy.*"
Watch crime shows- "*yeah- I like guessing who did it.*"

Attitude measure

Fix bicycles-"*men..I'd leave it to my dad, I haven't got the foggiest.*"
Ride a motorbike-"*men-it's too dangerous for women.*"
Babysit-"*women-I don't know whether men would like to do it. I don't think so...not being nasty, I don't think men would like to change nappies or like babies being sick over them.*"
Watch soap operas- "*women-men say oh not that and turn it over to football....my dad goes... if there's a soap on, he goes out to the garden or up to the office.*"
Bake biscuits- "*not being nasty-men somewhat think ...they would moan.....there's either football on or a film. We somewhat feel obliged.*
Design clothes-"*if it's design our own clothes I would say women- if they're home-made you know. If it's a fashionable high shop-I'd say both.*"
Participate in politics-"*men-I can't see myself being in government and that. I just feel that men are really right for that kind of job. I just can't imagine women saying we're gonna stand in the House of Commons. OK I know there is a woman in there saying "order, order" but I just can't imagine women doing it.*"

Complain- "*women-I possibly think that men haven't really got the stamina or courage to complain-they go in their shells and don't say nothing.*"
Emotional-"*women-maybe the time of the month when you get depressed. Or when people pick on you.*"
Good at sport-"*men-not putting women down but men have got longer legs and are faster.*"
Try to look good-"*women-it makes you feel good when you've had a bath and washed hair-you put nice clothes on make-up, new shoes and you go downstairs and ask how do I look. They go "wow." I surprised my boyfriend once. Someone did my hair in a bun. He said I don't know that person over the road. I said it's me and he said no it's not. He was gobsmacked. He had never seen me with my hair like that.*"

Participant 17

<u>Attitude measure</u>

Bake biscuits-*"women-cos they have got a talent for recipes and that sort of thing."*

Design cars-*"men-they suit mechanical things and they know what types of design of car to do. I don't think women would be any good at it-I think it's more a man's job."*

Participant 18

<u>Personal measure</u>

Babysitter-*" yes cos they're lovely and cuddly aren't they. If their parents wants to go out and they couldn't find anyone I would do it."*

Secretary-*"I might not understand things-I might do it wrong. It's the kind of thing I would like to do if I could.*

Writer-*"I'll tell what I do at night, I sit in my bedroom and I've got loads of books. I takes them out-mind you I don't what they're about, but I copy out of books. I sit there and I write different stories out of a book I can't do it in big letters.... I like it, I know I can't read but I copy it. "*

Dental assistant-*"I've been to the dentists-I've seen them pass things to the dentist man and write notes and things."*

Birth attendant-*"no-I don't think so-I don't know what might put me off-it's not my sort of thing."*

Iron clothes-*"I do iron but like Jenny (home manager) said "It's a waste of time cos you've got to wear them again. She says I know you like ironing but it's not worth it. If it's a blouse then Jenny irons it-you know anything posh-in case I have an accident-you know burn it. accidents can happen."*

<u>Attitude measure</u>

Car mechanic-men-*"because it's their job to do that sort of thing-ladies couldn't do it as well as what men could."*

Manicurist-women-*"a lady knows all the details and knows her job, and knows what she's doing and she do it very nicely. You might as well say, it's a lady's job to do it. Probably the man wouldn't have the sense to do it like the lady would."*

Captain of a ship-men-*"he belongs to the ship. That should be a man's job. A lady probably could do something on a ship like helping in the bar or something like that."*

Nurse-women-*"she's got all the confidence of all the things for anyone who's not well or anybody is sick. She could get the doctor if it was necessary- who's a man."*

Cook in a restaurant-men-"*man does the frying things and whatever the person wants. Lady goes around with a book and pen and come around and ask what would you like. Like if it was a breakfast-would you like fried bread, bacon, egg? She would take the note to the kitchen and show the man what the person would want. Same at lunchtime. Man do cooking, lady do serving.*"

Appendix 20

Exemplary quotes for categories identified by one participant for research questions 4 and 5a.

Research question 4

Desirable aspects of having children

Expansion of self

The pleasure for women of seeing their own physical characteristics reflected in their child was indicated as a positive aspect of motherhood.

> *"They (mothers) look at their face and they think, Oh that's nice. Look like me don't she."*

Satisfaction of raising children

One participant suggested that being able to influence a child's upbringing may be a fulfilling experience. The importance of influencing a child's moral development was identified:

> *"They can bring their children up the correct way...make them realise what's right and what's wrong...till they're old enough, till they're twenty or twenty-one."*

The notion that parental influence comes to an end once children become "old enough," illustrates a clear demarcation between childhood and adulthood. Furthermore, it is suggested that the transition to adulthood is characterised, by an individual's freedom and independence. This conception of adulthood is in stark contrast to the lives of many people with learning disabilities, for whom the transition to adulthood often goes unrecognised, and for whom freedom and independence is often compromised.

Joys of giving birth

One participant suggested that the actual birth of a child would be an inevitably joyous occasion:

> *"All women would be happy getting a baby from their stomach. She'd be smiling all over her face."*

This participant's evaluation suggests an idealistic and romantic conception of the act of giving birth to a child.

Economic value

The notion that children can be of financial benefit to women, was identified by one participant:

> *"they (the children) can bring some of the money in if they're (the woman) on their own...if their husband walked out on them and leave them with the child, it's a bit of a struggle."*

Here, tentative insights are provided into the participant's conceptualisation of single mothers. The man's desertion is the reason for the woman's single status, and the single woman is perceived as financially poor, whose life is characterised by hardship and toil.

Undesirable aspects of having children

Breast-feeding.
Potential difficulties with breast-feeding are alluded to in this woman's comments. A degree of confusion is indicated however.

> *"feeding...some feed em on the breast but some people haven't got enough milk or something."*

Research question 5a.
Intentional childlessness

Reproductive freedom.
The category of reproductive freedom emerged from one participant's knowledge that women are able to choose whether they want to conceive or not.

> *"If they don't want a baby they just take the pill."*

Desire to work.
This category was noted by one participant, which indicated her belief that some women may choose a career in preference to having children.

> *"then they wouldn't have to have all the trouble.....if people wanted to go out to work to earn."*

Wish to remain single.
The wish to remain single was identified as a reason why some women have no children:

> *"cos they don't want to get married."*

Two beliefs seem implicit within this category. Firstly, an awareness is demonstrated that marriage is not a goal which all women aspire to. Secondly, however, is the more traditional belief that a woman's wish to remain unmarried precludes her from having children.

Barriers to motherhood

Sexual orientation.
Sexual orientation as a category emerged from one participant's comment that lesbianism and motherhood were mutually exclusive.

> *"If two ladies go together, and they want children, then they can't have them. I can't remember what they're called."*

Marital status
Marriage was considered to be a prerequisite for having children by one participant.

> *"cos they're not married."*

Miscarriage.
Miscarriage was identified by one participant as a reason for childlessness.

> *"some women have miscarriages. That means you can't have no children at all if something goes wrong like miscarriages."*